TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death.

Page 4 moy be retoined by the hospitol or attending physicion.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please recover corbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haufs after depth

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

70700	CERTIFICATE	: OF DEATH	011
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if institution: Resid	dence before odmission)
o. COUNTY Talbot	MARYLAND	o. STATE Maryland b. COUNTY Ca	roline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and s Federalsburg RFD #	
d. NAME OF HOSPITAL OR INSTITUTION (If not in		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Memorial H	ospital		YES NO
3. NAME OF DECEASED (Type or print) Reginal (Ly dell	Bolden DEATH Month	Day Year 3/ 1967
	MARRIED NEVER MARRIED	to the first to th	ER I YEAR IF UNDER 24 HRS. Days Hours Min.
	VIDOWED DIVORCED	July 10, 1907 Yrs.	15
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (County & Stote, or foreign country) Cambridge, Maryland	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Reginald Lee Bo	lden	Gretha Bolden	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of services)	vice) 16. SOCIAL SECURITY NO. 17.	INFORMANT Address Reginald L. Bolden, Federalsb	uro Md.
Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse (c)	Bilahrel	the terminal disease condition given in part 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of item 18.)	113 10 10
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19	While of work of work of work	tory, street, office bldg., etc.)	County) (Stote)
21. I certify that (I) (this hospital saw the deceased alive an	1) attended the deceased fram	it death accurred at A M, fram causes and an	
220. SIGNATURE Q. Melof	7 , · M.	D. PHYS. DIRECTOR PHYS. STAFF	DATE SIGNED 67
22c. PHYSICIAN'S NAME (Type) Ali. Mehri	zi M.	D 22d, ADDRESS Easton, Maryland 8	-5-67
230. BURIAL, (REMATION, REMOVAL (Specify) Aug. 5, 196	67 Federal Hil	1 Cemetery Federalsburg	(County) (Stole)
24. FUNERAL DIRECTOR F	ADDRESS	250 REC'D BY REGISTRAR 25b REGISTRAR	

The state of the s AND AND A STORE . HE THE SECOND STORE STOR Part Mair Late Market M. T. Market Ma the state of the s AUG I'M SON A SON

FOR STATE HEALTH DEP

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10104

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10106

1	DIACE OF DEATH			2 HSHAL RESIDENCE (Where	deceased lived if institut	ion: Residence before admission
	PLACE OF DEATH					- add-
	a. COUNTY	Talbox	MARYLAND	o. STATE Marulan	d b. cour	Talbox
	b. CITY OR TOWN (If autside corparate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside co		
		ton (Rural)	41 year			
			in hospital, give street address)	d. STREET ADDRESS	NUULC)	20.1
			in nospiral, give street address)			e. IS RESIDE ON A FAI
		FD #3		RFD #3)	YES Z
	NAME OF DECEASED (Type or print)	Cecilia Ma	nta P. Borga	Lost 4. D O D		th Day Year
S.	SEX	6. CDLDR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 2
	Female	white	WIDOWED DIVORCED	10/12/1885	lost birthday) 7 yrs.	Manths Days Haurs
10a dur	. USUAL OCCUPATION ing most of working	(Give kind of work done life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT
	FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
15	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Addre	>55
	s, na, or unknown)	(If yes give war or dates of	(aprica)			
	no			Ir. Pietra P. B	onga, Camo.	
	I IR CAUSE OF DE		a nor ling tele (a) (b) and (c))			INTERVAL BETW
		EATH (Enter only one cous	e per life (d), (d), olid (c).)	. 0 .		
		TH WAS CAUSED BY: IMMEDIATE CAUSE (+CADON US	occlusion		ONSET AND DE
		TH WAS CAUSED BY:	(Coronary	occlusion		
	PART I. DEAT 4 2 0 1 Conditions, if ony,	TH WAS CAUSED BY: IMMEDIATE CAUSE (DUE T , which gove)	(Coronary	occlusion		
	PART I. DEAT (anditions, if ony, one to immediat	TH WAS CAUSED BY: IMMEDIATE CAUSE (DUE T , which gove (e couse (o),	a ap	occlusion		
	PART I. DEAT 4 2 0 1 Conditions, if ony,	TH WAS CAUSED BY: IMMEDIATE CAUSE (i DUE T , which gove e couse (a), Ilying cause	a ap	occlusion		
	PART I. DEA! Conditions, if ony, rise to immediat stating the under last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (i DUE T , which gove e couse (a), rlying cause (a) Coronary		I GIVEN IN PART 1(o)	ONSET AND DE
NOI	PART I. DEA! Conditions, if ony, rise to immediat stating the under last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (i DUE T , which gove e couse (a), rlying cause (age age		I GIVEN IN PART 1(0)	ONSET AND DE
FICATION	Conditions, if ony, rise to immediat stating the under lost. PART II. OTHER SI	TH WA'S CAUSED BY: IMMEDIATE CAUSE (DUE T , which gove e couse (a), rlying cause GNIFICANT CONDITIONS CO	of Contry of Open o	D THE TERMINAL DISEASE CONDITION		ONSET AND DE
CERTIFICATION	PART I. DEA! Conditions, if ony, rise to immediat stating the under last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (i DUE T , which gove e couse (a), rlying couse GNIFICANT CONDITIONS CO	a) Coronary	D THE TERMINAL DISEASE CONDITION		ONSET AND DE
	PART I. DEA! Conditions, if ony, rise to immediat stating the under last. PART II. OTHER SI 200. EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH. 201. TIME OF INJU.	TH WAS CAUSED BY: IMMEDIATE CAUSE (I DUE T , which gove e couse (a), rlying couse (GNIFICANT CONDITIONS CO USE WAS NTRIBUTING JRY Manth, Doy, Year	20d. INJURY OCCURRED 20e. P	D THE TERMINAL DISEASE CONDITION D. (Enter nature of injury in Part I o		ONSET AND DE
MEDICAL CERTIFICATION	PART I. DEA! Conditions, if ony, rise to immediat stating the under last. PART II. OTHER SI 200. EXTERNAL CA PRIMARY Or CO. CAUSE OF DEATH. 201. TIME OF INJI. Hour or.	TH WAS CAUSED BY: IMMEDIATE CAUSE (i , which gove e couse (a), Ilying cause (GNIFICANT CONDITIONS CO USE WAS NTRIBUTING JRY Manth, Doy, Year n.	20b. DESCRIBE HOW INJURY OCCURRED While Not While	D THE TERMINAL DISEASE CONDITION D. (Enter nature of injury in Part I c	or Part II af item 1B.)	19. WAS AUTOP PERFORMET YES \ N
	PART I. DEA! Conditions, if ony, rise to immediat stating the under lost. PART II. OTHER SI 200. EXTERNAL CA PRIMARY or CO. CAUSE OF DEATH. 201. TIME OF INJU. P.F.	TH WAS CAUSED BY: IMMEDIATE CAUSE (i DUE T , which gove e couse (a), rlying cause GNIFICANT CONDITIONS CO USE WAS NTRIBUTING JRY Month, Doy, Year n. 19	20b. DESCRIBE HOW INJURY OCCURRED While Not While of work	D. THE TERMINAL DISEASE CONDITION D. (Enter nature of injury in Port I of LACE OF INJURY (Home, form, actory, street, office bldg., etc.)	or Part II af item 1B.) 20f. (City ar town)	19. WAS AUTOI PERFORMEI YES N
	PART I. DEA! Conditions, if ony, rise to immediat stating the under lost. PART II. OTHER SI 200. EXTERNAL CA PRIMARY OF CO. CAUSE OF DEATH. 201. TIME OF INJU. Hour o.r. p.r. 21. I certif	TH WAS CAUSED BY: IMMEDIATE CAUSE (i , which gove e couse (a), Ilying cause GNIFICANT CONDITIONS CO USE WAS NTRIBUTING JRY Manth, Doy, Year n. 19 y that I taak charge	20b. DESCRIBE HOW INJURY OCCURRED While at work at the remains described abave,	D. (Enter nature of injury in Port I of LACE OF INJURY (Home, form, actory, street, office bldg., etc.)	or Part II of item 18.) 20f. (City ar town)	19. WAS AUTOI PERFORMEI YES N
	PART I. DEA! Conditions, if ony, rise to immediat stating the under lost. PART II. OTHER SI 200. EXTERNAL CA PRIMARY or CO. CAUSE OF DEATH. 201. TIME OF INJU. P.F.	TH WAS CAUSED BY: IMMEDIATE CAUSE (i , which gove e couse (a), Ilying cause GNIFICANT CONDITIONS CO USE WAS NTRIBUTING JRY Manth, Doy, Year n. 19 y that I taak charge	20b. DESCRIBE HOW INJURY OCCURRED While at work at the remains described abave,	D. THE TERMINAL DISEASE CONDITION D. (Enter nature of injury in Part I of LACE OF INJURY (Home, form, octory, street, office bldg., etc.) held an Autapsy, Insuicide,	or Part II of item 1B.) 20f. (City ar town) pectian , Inqu	19. WAS AUTOI PERFORMEI YES N
	Conditions, if ony, rise to immediat stating the under lost. PART II. OTHER SI 200. EXTERNAL CA PRIMARY or CO. CAUSE OF DEATH. 201. I certification of the control of	TH WAS CAUSED BY: IMMEDIATE CAUSE (i , which gove e couse (a), Ilying cause GNIFICANT CONDITIONS CO USE WAS NTRIBUTING JRY Manth, Doy, Year n. 19 y that I taak charge	20b. DESCRIBE HOW INJURY OCCURRED While at work at the remains described abave,	D. (Enter nature of injury in Port I of LACE OF INJURY (Home, form, actory, street, office bldg., etc.)	or Part II of item 1B.) 20f. (City ar town) pectian , Inqu	ONSET AND DE
	PART I. DEA! Conditions, if ony, rise to immediat stating the under lost. PART II. OTHER SI 200. EXTERNAL CA PRIMARY OF CO. CAUSE OF DEATH. 201. TIME OF INJU. Hour o.r. p.r. 21. I certif	TH WAS CAUSED BY: IMMEDIATE CAUSE (i , which gove e couse (a), Ilying cause GNIFICANT CONDITIONS CO USE WAS NTRIBUTING JRY Manth, Doy, Year n. 19 y that I taak charge	20b. DESCRIBE HOW INJURY OCCURRED While at work at the remains described abave,	D. (Enter nature of injury in Part I of LACE OF INJURY (Hame, farm, actory, street, office bldg., etc.) held an Autapsy, Insuicide, CHIEF MEDICAL EXAMN	or Part II of item 1B.) 20f. (City ar town) pectian , Inqu Undetermined m NER	(County) (SI
	PART I. DEA! Conditions, if ony, rise to immediat stating the under last. PART II. OTHER SI 20a. EXTERNAL CA PRIMARY or CO CAUSE OF DEATH. 20c. TIME OF INJUIN Hour a.r. 21. I certification death results	TH WAS CAUSED BY: IMMEDIATE CAUSE (i , which gove e couse (a), Ilying cause GNIFICANT CONDITIONS CO USE WAS NTRIBUTING JRY Manth, Doy, Year n. 19 y that I taak charge	20b. DESCRIBE HOW INJURY OCCURRED While atwark of the remains described abave, I causes C, Accident , Su	D THE TERMINAL DISEASE CONDITION D. (Enter nature of injury in Part I of LACE OF INJURY (Home, form, actory, street, office bldg., etc.) held an Autapsy, Insuicide, CHIEF MEDICAL EXAM!	or Part II of item 1B.) 20f. (City ar town) pectian , Inqu Undetermined m NER	(County) (SI
	PART I. DEA' Conditions, if ony, rise to immediat stating the under last. PART II. OTHER SI 20a. EXTERNAL CA PRIMARY or CO. CAUSE OF DEATH. 20c. TIME OF INJUI Hour a.r. p.r. 21. I certification death result	TH WAS CAUSED BY: IMMEDIATE CAUSE (i , which gove e couse (a), Ilying cause GNIFICANT CONDITIONS CO USE WAS NTRIBUTING JRY Manth, Doy, Year n. 19 y that I taak charge	20b. DESCRIBE HOW INJURY OCCURRED While at work at the remains described abave,	D. (Enter nature of injury in Part I of LACE OF INJURY (Hame, farm, actory, street, office bldg., etc.) held an Autapsy, Insuicide, CHIEF MEDICAL EXAMN	20f. (City ar town) pectian , Inqu Undetermined m NER KAMINER	ONSET AND DE
MEDICAL	PART I. DEA! Conditions, if ony, rise to immediat stating the under lost. PART II. OTHER SI 200. EXTERNAL CA PRIMARY Or CO. CAUSE OF DEATH. 201. I certification of the control of th	TH WAS CAUSED BY: IMMEDIATE CAUSE (I DUE T , which gove e couse (a), rlying couse (I GNIFICANT CONDITIONS CO USE WAS NTRIBUTING DUE T (I GNIFICANT CONDITIONS CO TO THE COUSE WAS NTRIBUTING TO THE COUSE WAS NTR	20b. DESCRIBE HOW INJURY OCCURRED While at work of the remains described abave, I causes , Accident , Su	D. (Enter nature of injury in Part I of LACE OF INJURY (Home, form, actory, street, office bldg., etc.) held an Autapsy, Insuicide, CHIEF MEDICAL EXAMILATION ASSISTANT MEDICAL EXAMILATION ACTION	20f. (City ar town) pectian , Inqu Undetermined m NER KAMINER	(County) (Signature)
MEDICAL	PART I. DEAI Conditions, if ony, rise to immediat stating the under last. PART II. OTHER SI 20a. EXTERNAL CA PRIMARY or CO CAUSE OF DEATH. 20c. TIME OF INJUIN Hour or p.r. 21. I certification death result ACTUAL SIGNATURE EXAMINER'S NAME (Type)	TH WAS CAUSED BY: IMMEDIATE CAUSE (continued by the course (do), and the	20b. DESCRIBE HOW INJURY OCCURRED While at wark of the remains described abave, I causes , Accident , Su	D. (Enter nature of injury in Part I of LACE OF INJURY (Home, form, actory, street, office bldg., etc.) held an Autapsy, Insuicide, CHIEF MEDICAL EXAMILATION ASSISTANT MEDICAL EXAMILATION ACTION	pectian , Inque Undetermined months (Caller Canning) CAMINER (CANNINER CANNINER CAN	(County) (Signature) 19. WAS AUTOP PERFORMET YES Note that we have a signature of the
MEDICAL	PART I. DEA! Conditions, if ony, rise to immediat stating the under lost. PART II. OTHER SI 20a. EXTERNAL CA PRIMARY ☐ or CO CAUSE OF DEATH. 20c. TIME OF INJ. Hour a.r. 21. I certifit death result ACTUAL SIGNATURE EXAMINER'S NAME (Type) BURIAL CREMATIC FUNERAL DIRECTO FUNERAL DIRECTO FUNERAL DIRECTO	TH WAS CAUSED BY: IMMEDIATE CAUSE (I DUE T , which gove e couse (a), rlying couse (I) GNIFICANT CONDITIONS CO USE WAS NTRIBUTING THE STATE OF THE STATE ON, 23b. DATE THES 7/8/19 IR	20b. DESCRIBE HOW INJURY OCCURRED While at work of the remains described abave, I causes , Accident , Su	D. (Enter nature of injury in Part I of LACE OF INJURY (Home, form, actory, street, office bldg., etc.) held an Autapsy, Insuicide, CHIEF MEDICAL EXAMILY ASSISTANT MEDICAL EXAMILY ACTION ACTION ACTION (Street, city, 1) IR CREMATORY 230. REC'D BY RE	pectian , Inque Undetermined months (AMINER AMINER	(County) (Signature) 19. WAS AUTOP PERFORMET YES Note that we have a signature of the

VR A

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any deloy is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page.

1010s and the sector sector of the sector

Column Constitution Column Col

- vellia lavor li locca

rouse with the state of the sta

in comings (assisted the

in garage

on fur so 6

tem 21 Film 391 8-3-67 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10105 CERTIFICATE OF DEATH within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND ARULAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) FASTON papers. d. NAME_OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 522 GOLDS BOROUGH STREET 0 NO X NAME OF First Middle Year campletely 3 DECEASED OF DEATH 19 (Type or pnnt) executed 9. AGE (In years, last birthday) SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Dovs Hours NOVEMBER 30, 1885 in any WIDOWED X DIVORCED and 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY BALTIMORE, MD. DREANIST! PIANOTEACHER requires that the death certificate RETIRED 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME remayal ROSE BASSETT MILTON HENDERSON IDA IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dotes of service) 220712-5807 6 MRS. L. ELBERT GAREY EASTON, MD, crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO signed burial, Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse peen prior ta PHYSICIAN: The law SD PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) has PERFORMED? Health NO certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [7] detached for the Dept. of F OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) TO HOSPITAL OR ATTENDING of work ot work DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased from sow the deceased olive on 1962, and that death accurred at on the date stated obove. director, page 3 sha should be filed with 220 SIGNATURE 22b. DATE SIGNED 7/15/67 M.D. DIRECTOR 22d. ADDRESS HYSICIAN'S TO FUNERAL NAME (Type) R. Lane Wroth M. D. Buttone Maryland Michaels. Maryland 230. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)

SPRING HILL CEMETERY

ADDRESS

FASTOD)

2So. REC'D BY REGISTRAR

MD

TALBOT 25b. PECKTRAR'S DIGNATURE

VR A15 (4) 25M 1/67

REMOVAL (Specify)

24. FUNERAL DIRECTOR

JULU 17, 1967

THE REPORT OF THE PROPERTY OF JIT THE THE WAR TO SEE ACTUAL STREET FOR HELD Will be and a leading reserve as will be an about the leading of t And the Control of the Control of the State Hope . CS THE PROPERTY OF STREET

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10106 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Talbox Maryland Pagé 0 MARYLAND delay and 3 t c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside corporate limits, and PM3. write RURAL and give/nearest tawn) 40 Min Tilohman State Depart B. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm in Nem 18. Give Pages 1, 24 haurs after death. If YES NO K NAME OF 4. DATE Day Year Figst DECEASED 0F permit. File pages 1 and 2 with the DEATH IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 34 DATE OF BIRK birthdoy) Months Male Doys Hours in any event within 72 haurs after death. DIVORCED WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during market working life the Waterman INDUSTRY Mass. 13. FATHER'S NAME
Phillips Bradley 14. MOTHER'S MAIDEN NAME Rebecca Pickering pencil certificate shauld be executed within 17. INFORMANT 5112 Elsmeine Ave. Edward Bragley, Bethesda, Md. = IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or doles of service pending 18. CAUSE OF DEATH (Enter only one couse per line, for (o), (b), and INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) writing the ward DUE TO of Bight Lung Conditions, if ony, which gove rise to immediate couse (o), DUE TO D. stoting the underlying couse and 30 3 shauld be used 19. WAS AUTOPSY PERFORMED? crematian, or remaval, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) MEDICAL CERTIFICATION please execute the certificate. 20o. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, (City or tawn) (County) (Stote) may be retained far yaur FUNERAL DIRECTOR: Page Page of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion burial, funeral directar. death resulted frame. Natural causes Accident [], Suicide . Undetermined manner Hamicide 5 may TO FUNERAL ... Health prior to by CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 7-13-67 **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) the Washington, D. 230. BURIAL, CREMATION, (County) Fort Lincoln FUNERAL DIRECTOR REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15ME (5)

San San San Roy in

William burdley

× 1/19/1927 ×

A Wheelers or the Med & . A comment of the second of the

A. M. Dece HOLT PANT THE PARTY OF THE PARTY OF THE PARTY OF

carrien 757 to cast income

11 27 "96" " Senter Jung.

VR AIS (40 20M S-63

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		CERTIFICA	IE OF DEA	III.		1011	3
1. PLACE OF DEAT	Talbot	MARYLAND	2. USUAL RESIDER	yland	b. COUN		
	(if outside corporate limits, nd giva nearast town) - Bozman	c. LENGTH OF STAY IN 16	e. CITY OR TOWN		ate limits, write Ozman	RURAL and giva	naarest town)
d. NAME OF HOS	PITAL OR INSTITUTION (if not in h	ospital, give straat address)	d. STREET ADDRESS				ON A FARM
3. NAME OF DECEASED (Type or print)	First	Middla BRII	Lost	4. DATE OF DEATH	Month Ju J		Year 19 67
5. SEX Male	6. COLOR OR RACE 7. MARE	VED DIVORCED 1	March 11, 18	99	AGE (In years last birthday) 68 yrs.	Months Days	IF UNDER 24 HRS Hours Min.
done during most of v Medical Do 13. FATHER'S NAME	working life, aven if retired)	KIND OF BUSINESS OR INDUSTR	Kingston	, New Yo		USA	F WHAT COUNTR
	ur Brink			e Best			
(Yas, no, or unkown)	(If yas giva war or datas of sarvica)	6. SOCIAL SECURITY NO. 17. 1	Mrs. R. H	Reink	Address	Mary 1 a	nd
Conditions, if ar gava rise to imma (a), stating tha causa last.	diate cause underlying DUE TO (c)	DAYDIBLITING TO DEATH BUT MO	OT DELATED TO THE TERM	INIAL DISEASE CO	yan	7.9-	D. WAS AUTORS
PART II. OTH	IER SIGNIFICANT CONDITIONS CO	DATRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE CO	ONDITION GIVE	(,,	9. WAS AUTOPS' PERFORMED? YES NO
OR CONTRIBUTIN	WAS UNDERLYING 20b. D	ESCRIBE HOW INJURY OCCURRE	D. (Entar nature of injury	in Part I or Part II	of itam 18.)		
20c. TIME OF IN. Hour a.m.	. Wh		CE OF INJURY (Home, far ory, street, office bldg., et		r town)	(County)	(State)
saw the dece		ended the deceased from	26	19.6, to 2	he causes a	,	hat (I) (we) la e stated above
22 CHENATURE	mphe	exery "	ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	STAFF PHYS.	7-31	22b. DATE SIGN
22c. PHYSICIAN NAME (Typ	oa) GIIV M DEBCEE	N D / h		-hool-	Ma 1	4	
NAME (Typ	TION, 23b. DATE THEREOF	23c. NAME OF LEMETERY	St. Mic		Marylan TON (City, tow	vn or county)	(State)

TOULT

Deslyzek

THE WEST

Harde II. 1899

Mint west , modemicky

gues stimmer

Last Trade , marca , Infall , File , and - 5400 - 47 - 415 11 have Last

myreadial pharetion hudden

atherstelination coveraged, d.

Irrad vanit , statistical , 12

Burly at normal 198 1sto an asibota Totl I sepath (Intro

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10103

10110

			CERTIFIC	AIL OI D	LAIII				- Jan. 12	2 0	
PLACE OF DEAT	Н			2. USUAL	RESIDENCE (Where deced	ased lived, if institu		nce befar	e admissio	on)
o. COUNTY	Talbox		MARYLA	o. STAT	Manua	land	b. COL		lhot		
	N (If autside carporate limi	its.	c. LENGTH OF STAY IN 1				rate limits, write RI				
write_RURAL	ond give neorest tawn)	,			_		, will 1	Divite una gi	7	1	
- Casa	PITAL OR INSTITUTION (If r	and in the stand	1000000	d. STREET	astor	L			401	e. IS RESID	TENCE
			give street address)	G. SIKEEI			C .	1:100		ON A FA	ARM?
	shington St	reet		II N			on Stree				NO L
3. NAME OF DECEASED (Type or print)	Nora Mor	ris (al	Lahan	ŧa:	st	4. DATE OF DEATH	Mar 1	nth	7/25	Уес 19 (67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF	BIRTH		9. AGE (In years	IF UNDER		IF UNDER	
Female	white	WIDOWED	DIVORCED	6/24	1881		last birthdoy)	Manths	Days	Haurs	Min.
	ION (Give kind af work dan	e 10b. K	IND OF BUSINESS OR	11. BIRTH	PLACE (County	& State, or fo	areign cauntry)	12. 0	ITIZEN OF	WHAT	1
uring most of wark	ing life even if retired)	18	IDUSTRY		Inelan			(OUNIER S		
3. FATHER'S NAME					ER'S MAIDEN				<u>u</u> J/1		
-	Morris				idaet	-	2				
	EVER IN U.S. ARMED FORCES	2 14	SOCIAL SECURITY NO.	17. INFORMANT	uyer	שאשעלפ	Add	2207			
Yes, no, or unknow	n) (If yes give war or dates		JOHNE JECOKIII NO.	4	O T.		4.1. C		11 1		
no				Mrs. P.	· j . F 2	tzgen	raid, ca	ston,			
	DEATH (Enter only one co EATH WAS CAUSED BY:	ouse per line far	(a), (b), and (c).)	1	110		-7	7.		ERVAL BET	
1/ 20	IMMEDIATE CAUS	E (a) 4	mals	une	Au	en	rail	und	7	21	Tig
720		E TO	H-1 0	. 1		1100	. >	4			
	ny, which gave) iate cause (a),	(b)	Ten X	clera	tie /	Ka	rtse	slaz	e		
	derlying cause DU	E TO / T	0	-0	CLY						
last.)	(c)									
PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELATE	D TO THE TERMINA	AL DISEASE CO	NDITION GIV	/EN IN PART 1(a)		19.	WAS AUTO PERFORM)PSY
2			in cast.						YE		NO Z
20a. ACCIDENT	WAS UNDERLYING	20b. DE	SCRIBE HOW INJURY OCCU	JRRED. (Enter nature	e of injury in	Part I or Pa	art II of item 1B.)				-
OR CONTRIBUTI	NG CAUSE OF DEATH				1 ,						
The context, to	IFY MEDICAL EXAMINER) INJURY Month, Doy, Year	20d I	NJURY OCCURRED 20	De. PLACE OF INJUR	Y (Hame for	m. 20f.	(City ar tawn)		aunty)		(State)
Haur	o.m.	While	Nat While	factory, street, at			(611) 31 (4111)	(0)	-3111/1	,	
	p.m. 19	ui wui		-1.5 =	6	10	. 7 2 /	67		. /21	
	rtify that (I) (this ho	spitall) atten			-0/	377.0	10/-23.	19		at (1) (1	
	deceased alive an_	1~3	A) 19, and	d that death a	ccurred gl	24017	M, fram causes				obov
22a. SIGNATU	KE/ MAS	1,11	1011.	ATTEND	ING C	MED.	STAFF C	22b. 1	DATE SIGN	ED /	
1	1///	11/6	way by	M.D. PHYS.	ADDRESS	DIRECTOR	LJ PHYS. L	-17)	27/	67	
22c. PHYSICIA				22d. /	ADDRESS	0-73	ah - m = c= :	. 0:	7	. 1	nd.
	array	M. Wal	sh. M.D.		116		sboroug		Eas	ston	,
30. BURIAL, CREMA		HEREOF	23c. NAME OF CEMETE			1	OCATION (City or T	awn)	(County)	(S	tate)
BUDALISE	, , , , ,	7967	Spring H.	ill			aston,	Md.		V. 14	
24. FUNERAL DIRE			ADDRESS			D BY REGIST		REGISTRAR'S	47 6	E	
MAURICE	E NEWNAM	& SOW	Easton. M	1	DATE	JL 31	196/	Clas	LOS)	mag	-
	A	~ ~ ~ · ·	- I WILLIAM I'M	-fadi							

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remains carban papers. Pages shauld be filed with the State Dept. af Health priar ta burial, crematian, or remaval, and in any event, within 72 haurs. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

ings and lading miles the same of to the state of th To Foreign Calcains And the restriction of the second states of the second i Vis

Lisaul suo

Medant 12 Spretoon to Art

Construction of the state of th

· Company

A. H. Malak . N Yorall

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10109

CERTIFICATE OF DEATH

10112

death. within 24 hours after death funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY after MARYLAND by the fa b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 autside carparate limits, write RURAL and give neorest town) write-RURAL and give nearest tawn) OUTS (MICHAELS popers. e. IS RESIDENCE ON A FARM completely filled in OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STRFFT ADDRESS W. ChESTNO 4. DATE NAME OF Manth pou × First Middle Day Year DECEASED signed by the ottending physician ond complete burial-transit permit. Then pleose remave corb burial, cremotion, or removal, ond in ony event, (Type or print) DEATH executed AGE (In years IF UNDER SEX 6. COLOR OR RACE DATE OF BIRTH YFAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthday) Manths Haurs Days WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) HOUSEWIEE FATHER'S NAME **INDUSTRY** COUNTRY? ? death certificate 14. MOTHER'S MAIDEN NAME offending permit. The INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give war ar dates af service Box 384 EAST requires that the 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o attending physician DUE TO Canditians, if any, which gave rise ta immediate couse (a), DUE TO hos been see as the bethe the prior to be stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? for use Heolth USe CERTIFICATION NO be retained by the hospitol or certificote OR ATTENDING PHYSICIAN: 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 1B.) of OR CONTRIBUTING CAUSE OF DEATH r this certil detached (IF EITHER, NOTIFY MEDICAL EXAMINER) Stote Dept. MEDICAL 20d. INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Hame, form, (City or town) (State) Haur a.m. While Nat While factory, street, affice bldg., etc.) After at work at wark pe 21. I certify that (I) (this haspital) attended the deceased fram director, page 3 should should be filed with the and that death accurred at 2 TO FUNERAL DIRECTOR: M. fram causes and an the date stated above. saw the deceased alive an 22a SIGNATURE M.D. DIRECTOR 22c. PHYSICIAN'S 22d. O HOSPITAL Poge 4 moy NAME (Type) BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. BY REGISTRAR VR A15 (4) 25M 1/67

10

Total and the state of the stat and to fine the winders THE TENEDRAL OF THE PARTY OF TH Female W X - Land 1988 1-1 SHERRET CE, PUT CERPIN - 14 CO 29 W 20 3 14 CHANGES BEDRIEG CHART THE Fig. 2 CAL TIPS BY STATES AND STATES AT THE STATES AND A. Mary Tilly 16 The contract of Comment of Company

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #2c & d Film CERTIFICATE OF DEATH and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH completely filled in by the funeral nave-terban papers. Pages 1 and the event, within 72 hours after deat a. COUNTY h COUNTY AL130 MARYLAND ALBET b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b (If Jutside corparate, limits, write RURAL and give nearest town) write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS (If anat in haspital, give street address) 9 Plum Street YES NO E 3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED LARN 196 (Type or print) DEATH IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7 MARRIED DATE OF BIRTH 9. AGE (In yeors IF UNDER 24 HRS NEVER MARRIED Months birthdoy! Hours ALD O WIDOWFD DIVORCED and re 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT and in COUNTRY ? please during most of working life, even if retired) INDUSTRY physician HOUSEKEERE d by the attending physici transit permit. Then ple crematian, or removal, a 13 FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service INTERVAL BE CAUSE OF DEATH (Enter only one cause per line for (a), (b), the signed by the burial-transit p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO burial, Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying couse as the priar to b O FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN CERTIFICATION detached far use e Dept. af Health NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour o.m. Not While State at work 21. I certify that (I) (this haspital) attended the deceased from director, page 3 shauld shauld be filed with the saw the deceased alive an and that death accurres fram causes and an the date stated above. 220 SIGNATURE 22b. DATE SIGNED ATTENDING STAFF M.D. DIRECTOR PHYS 22d. ADDRESS ZZc. PHYSICIAN'S 230 BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LØCATION (City or Town) (County) (Stote) 236. DATE THEREOF REMOVAL (Specify)

25g. REC'D. BY REGISTRAR

REGISTRAR'S SIGNATURI

executed within 24 hours after death the death certificate be The law requires that attending physician. by the haspital or ATTENDING PHYSICIAN: be retained Page 4 may

VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10114

	CERTIFICATI	L OI DEATH	LULLX
1. PLACE OF DEATH o. COUNTY TAIL TAIL	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institutio o. STATE Waryland b. COUNT	n: Residence before admission) Y Caroline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in has	c. LENGTH OF STAY IN 1b // day pital, give street address)	c. CITY OR TOWN (If outside corporate limits, write RURA Rural Greensbe	re 05-2
Memorial	HOSPITAL	None	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	/ Middle	COSPER DEATH Month	Doy Year (2)
S. SEX Male 6. Color or RACE Col. WIDO	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE Of BIRTH 11-5- 1902 9. AGE (In years lest pirthday) 75.	Months Days Haurs Min.
1Da. USUAL OCCUPATION (Give kind of work dane during the Latinarking liter even if refixed)	IDD. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) Maryland	12. CITIZEN OF WHAT
James H. Coop	er	14. MOTHER'S MAIDEN NAME Mary E. Brown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war ar dates of service	16. SOCIAL SECURITY NO. 219-34-3535	Paul Cooper Greensbo	
18. CAUSE OF DEATH (Enter only one couse per li PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ine far (a), (b), and (c),)	es elle circ	INTERVAL BETWEEN
4222 DUE TO		M	18747
rise to immediate cause (a), stating the underlying cause last.		V	
Explused is	Leer close	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO NO
" I UF CUITER, NUTIFIT MEDICAL FAAMINER)	10b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I ar Part II of item 18.)	
Hour am		ACE OF INJURY (Home, form, 20f. (City or town) tary, street, affice bldg., etc.)	(Caunty) (State)
21. I certify that (I) (this haspital) of saw the deceased alive an	attended the deceased fram_		, 19 <u>6</u> , that (I) (we) last nd an the date stated abave.
220. SIGNATURE J. T.B. (embler M	.D. ATTENDING MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) J.T. B. A mbler	М. Г.	22d. ADDRESS Easton, Maryland	7/17/67
230. BURIAL, CREMATION, BREMOVAL (Specify) 7-19-67	23c. NAME OF CEMETERY OR Union	Geldsbere	. ма.
24. FUNERAL DIRECTOR .	address on a Orman M	250. REC'D BY REGISTRAR 25b. REG	STRARS SIGNATURE

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban peners. Pages 1 and 2 shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 laws after death.

encil

foreigne enough reredul are

Juges H. Coeper hery E. Mrove

21 -34-555F Inni Conner Greenstore, ad.

neigh Thefile Infries

ACTOR SERVICES AND ASSESSED AND ASSESSED AND ASSESSED ASSESSEDANCE ASSESSED ASSESSED

Goldsbare, MA.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10112

CERTIFICATE OF DEATH

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if institution: F	Residence before odmission)
o. COUNTY TALLS	MARYLAND	o. STATIM TOTTON D. COUNTY	TAL BAT
b. CITY OR TOWN (If outside corporate limits.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside orporate limits, write RURAL o	nd give pegrest town)
write RURAL and give nearest town)	10 days	Cert of town in consideral porote innins, while kokaz o	The state of the s
EASTON			210000
d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	spitol, give street oddress	d. STREET ADDRESS	20./ e. IS RESIDENCE ON A FARM?
Melnorien			YES NO
3. NAME OF Eirst	Middle	Lost 2 4. DATE Month	Doy / Year
DECEASED (Type or print)	WAIR (OU'NG XIN DEATH JULY	14 1967
	ARRIED NEVER MARRIED		UNDER 1 YEAR IF UNDER 24 HRS
12	4	DI 17 1924 plast birthday) Mo	nths Doys Hours Min.
	OOWED DIVORCED	SLFI, IC, III 7 L YIS.	10 CITIZENI OS MUNAZ
10a. USUAL OCCUPATION (Give kind of work done during most of walking lift, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or foreign country)	12. CITIZEN OF WHAT
at home	INDUSTRY.	LANSICE LAWY	1818
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	0211
NO HAN CAR	ROLL	STRLLAM. CAK	KOLL
15. WAS DECEASED EVER IN U.S. ARMED FORCES?		INFORMANT Address	^
(Yes, no, or unknown) (If yes give war or dates of service	e) //	ESLEY CONFORTON.	PUERNSTOW
Tio substitution	I W	CONDION (
18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:	line for (o), (b) and (c/y		ONSET AND DEATH
IMMEDIATE CAUSE (o)	Council see	line	
DUE TO	d Donal	Al luni	
Conditions, if ony, which gove (b)	Carellace	enveryen	
rise to immediate couse (o), Stoting the underlying couse			
lost. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY
NOE -			PERFORMED?
200. ACCIDENT WAS UNDERLYING CONTROLLED HOTELS OF DEATH OF CONTROLLED HOTELS OF DEATH OF CHITER HOTELS MADICAL WAS UNDERLYING IN THE CONTROLLED HOTELS OF DEATH OF CHITER HOTELS MADICAL WAS UNDERLY MADICAL WAS UNDERLY MEDICAL WAS UNDERLY MADICAL WAS UNDERLY	JOP DESCRIBE HOW INHIBA OCCURRED	(Enter noture of injury in Port I or Port II of item 18.)	163
20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	200. DESCRIBE HOW INJURY OCCURRED.	(citier notore of injury in Port 1 of Port 11 of Hern 16.)	
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.		ACE OF INJURY (Home, form, 20f. (City or town)	(County) (Stote)
p.m. 19	While of work of work of work	nory, street, office blog., etc.)	
21. I certify that (I) (this heapiful)	arended the decased fram	. 19 to	, 19, that (I) (we) la
saw the deceased this but		at death accurred at 2074M, fram causes and	
220. SIGNATURE	1		22b. DATE SIGNED .
ensun	M M	D. PHYS. MED. STAFF	7-14-61
22c. PHYSICIAN'S	1 7	22d. ADDRESSO	111
NAME (Type) B. C.H. S.	him wit	William IM	
5		The state of the	
23b. DATE THEREOF	23c. NAME OF CEMETERY OR	Daniel Da	(County) (Stote)
LICES OF SULY!	1967 (JHBITE	KEDSTA CENTRES	DILLE MD.
24. FUNERAL DIRECTOR	ADDRESS	256. REC'D BY REGISTRAR 256, REGIST	PAR'S SIGNATURE
911 1	12 0	200 111 19 1901	The state of the s

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campleted. Filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave capan papers. Pages 1 and 2 should be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, when in 2 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

3	0	-#	-8	R
- 54	2 1	33	B	53
-13-	0	. J.	will.	U

I. PLACE OF DEAT	H			2. USUAL RESIDENCE (Where deceosed lived, if institution:	Residence before odmission)
o. COUNTY	Alpol		MARYLAND	o. STATE Mary	land b. COUNTY	Talbot
b. CITY OR TOW	N (If outside corporate limit and give nearest tawn)	ts,	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If at	utside carporote limits, write RURAL	and give neorest town)
	EASH	N.	2104	Oxford		20.1
d. NAME OF HOS	SPITAL OR INSTITUTION (If n	ot in hospital, g	ive street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Me	MORIAL	Hos	pital			YES NO
3. NAME OF DECEASED	F	irst	Middle	Lost	4. DATE Month	Doy Year
(Type or print)	Louis	Columb		Cox	DEATH /	13 1967
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	land highland it	FUNDER YEAR IF UNDER 24 HRS. Nonths Days Hours Min.
Male	white	WIDOWED >	DIVORCED DIVORCED DIVORCED	9/10/1882	713.	12. CITIZEN OF WHAT
during most of work			DUSTRY	Donaha	& State, ar fareign country) ter Maryland	COUNTRY?
John				14. MOTHER'S MAIDEN	y Hobbs	
	EVER IN U.S. ARMED FORCES?	of convice)		INFORMANT	· Address	
no no	ii) (ii yes give wor or doles	2:	15-16-3532	larence (ox	, Oxford, Md.	
	DEATH (Enter only one co	use per line for		0		INTERVAL BETWEEN
PAKI I. L	DEATH WAS CAUSED BY: IMMEDIATE CAUSE	(o) Le	rehral 11	1 rom/1041	9	12 Mr.
332		E TO				
	ony, which gove)	(b)				
	nderlying couse DUE	(c)				
PART II, OTHER	SIGNIFICANT CONDITIONS	1	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF DEATH IFY MEDICAL EXAMINER)		SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Port I or Port II of item 18.)	
20c. TIME OF Hour	INJURY Month, Doy, Year o.m. p.m. 19	20d. IN While of work	Not While for	ACE OF INJURY (Home, form tory, street, office bldg., etc.		(County) (State)
	rtify that (I) (this has deceased alive on_	spital) attend	ded the deceased fram_ 31942, and the		3 M, fram couses and	_, 19_G, that (I) (@e) la d on the date stated abav
RIGNATU	N.Wtas	N&N.	andel M	***************************************	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
22č. PHYSICIA NAME (T	(Pe) Robert	Mc Dona	ld M	D 22d. ADDRESS East on	, Maryland	7/13/67
23o. BURIAL, CREM.	ATION, 23b. DATE TH	HEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
Burial Burial	cify) 7/14	1967	Oxford		Oxford Md	
24. FUNERAL DIRE			ADDRESS	250. REC'		TRAB'S SIGNATUREY MOSE
140111	en F. 1. 111.	1) /1100 5	WALL EAST	W. Wa DATE J	ALTA ISDI	0

2

offer death.

Carety filled in by the funeral carbon papers. Pages 1 and 2 entry within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the haspital or attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and capy director, page 3 shauld be detached for use as the burial-transit permit. Then please removes shauld be filed with the State Dept. af Health prior to burial, crematian, or removal, and in any elements. VR A15 (4) 25M 1/67

SILO DE MONTE DE L'ANTE DE LA CONTRACTOR DE LA CONTRACTOR

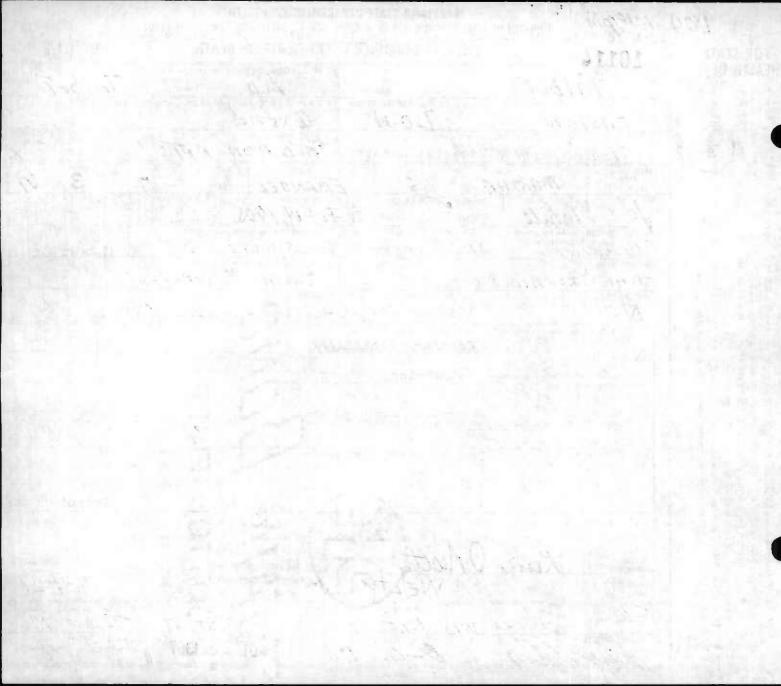
215-14-33 2 (dayloc ox, tolon, ii.

delicity of the Table State of the State of

In consider Samuert Bill

2010.2

1 DOA	.	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	1.	TEM 18 Film 391 7-27-67 ams Items 18821 Film 391 7-31-67 ams 10114 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0117
HEALTH DEPT.		PLACE OF DEATH a. COUNTY IA 1607 MARYLAND 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence o. STATE M.D. b. COUNTY	e before odmission)
2, and 3 to PM3. Page		b. CITY OR TOWN (If outside corporate limits, write RURAL and give write RURAL and give nearest tawn) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (It outside corporate limits, write RURAL and give D.O.A. D.O.A. C. LENGTH OF STAY IN 1b C. CITY OR TOWN (It outside corporate limits, write RURAL and give D.O.A.)	2001
F S 199		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) THE STIRAL MEMORIAL HOSPITAL TRED AVON APTS.	e. IS RESIDENCE ON A FARM? YES NO
무이를 생		NAME OF First Middle Lost 4. DATE Month OF DECEASED (Type or print) THARTHA S. EMANUEL DEATH 7	Day Year 1967
within 24 hours ofter de pencil in Item 18. Give P xaminer's Office olong wi ile poges Iond 2 with the hours ofter deoth.		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthdoy) Months WIDOWED DIVORCED FEB 14 1905 9. AGE (In years last birthdoy) Months WIDOWED Yrs.	Doys Hours Min
24 hours in Item 13 r's Office es lond 2 vofter deoth	dur	ing most of working life, even if retired) HOUSENEEPER BALTIMORE, MD.	UNTRY?
be executed within "pending" in pending in pending Examine Medical Examine onsit permit. File pageent within 72 hours of		FATHER'S NAME JOHN KRONMILLER 14. MOTHER'S MAIDEN NAME MARTHA B. STRAYER	
xecuted wil nding" in pe Medical Exar permit. File within 72 ho		WAS DEGEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address Address Address ACTOR	D, PB
rd "pending" in Chief Medical E- fronsit permit. F event within 72		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Control of the course per line for (o), (b), and (c).)	INTERVAL BETWEEN ONSET AND DEATH
verificate should be e writing the word "per inworded to the Chief I used as a burial-tronsit val, and in any event v		Conditions, if ony, which gove is to immediate couse (o), (b) Drowning	
vertificate s writing the rworded to rsed as a bu		lost. DUE TO (c)	19. WAS AUTOPSY
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	PERFORMED? YES NO
		20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) ——	
三名よる一	MEDICAL	Hour o.m. P.m. While Not While of work foctory, street, office bldg., etc.) Te	albot (Slote)
AL For For ind,		21. I certify that I taak charge of the remains described above, held an Autopsy (Inspection , Inquiry , death resulted fram: Natural causes , Accident), Suicide , Hamicide , Undetermined manner	and in my apini]
Y MEDIC, please e ol director retained AL DIRECTION to bur ior to bur		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTAN	22. DATE SIGNE
o DEPUTY ME necessary, pleas the funeral dire 5 may be retain 0 FUNERAL DIR Health prior to	00	EXAMINER'S NAME (Type) Address (Street, city, town, or county) Address (Street, city, town, or county) ADDRIAD CREMATION, 23b, DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town)	1-4-6/
TO EU		REMOVAL (Specify) YULY 6.1967 OXFORD OXFORT TAK	(County) (Stote) (BO! MB
VR A15ME (5)	1	4. FUNERAL DIRPOTOR APPORESS APPORESS DATE DATE DATE DATE DESCRIPTION APPORESS DATE DA	les Judge



deeth

after (

papers. Page thin 72 haurs a

W

and

S please physician on please

pup

or removal.

crematian,

attending permit. The

the

permit.

signed by the burial-transit p burial, cremati

priar ta has been

use Health p

for

af detached

9

Stat pe

regnove

arid

completely filled in by the funeral tove carban papers. Pages 1 and

executed within 24 haurs after death

the death certificate

law requires that

OR ATTENDING PHYSICIAN: be retained by the hospital ar

attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10115 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY TALBOT MARYLAND b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give negrest town) caston 2 yrs. d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) RFD #2 EASTON HOUSE THE PINES 3. NAME OF First Middle Lost 4. DATE Month DECEASED LELIA ESSICK (Type or print) DEATH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last (withday) 5/8/1893 X female white WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 10g, USUAL OCCUPATION (Give kind of work done BIRTHPLACE (County & Stote, or foreign country)

Talbot Naryland during most of working life, even if retired) INDUSTRY 14. MOTHER'S MAIDEN NAME Augusta Goslin 13. FATHER'S NAME Isaac Elliott 17. INFORMANT Melvin R. Essick, Sr., Easton, Md. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor ar dates of service) no 18. CAUSE OF DEATH (Enter only one cause per line, for (a), (b), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Men seleptic Cardiovescula Dip. Canditians, if any, which gave rise to immediate cause (o), DUE TO stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MFDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Doy, Year (City or town) factory, street, office bldg., etc.) Hour a.m. Not While at wark at work 21. I certify that (I) (this hospital) attended the deceased from 19 D. Land that death occurred at 5 M, from causes and saw the deceased olive on. 22a. SIGNATURE STAFF M.D. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S

NAME (Type) 23g. BURIAL CREMATION

> SMOYAL (Specify) FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY
Mandela (emetery

Maraela, Ma.

(County) (State)

the dote stoted obove.

e. IS RESIDENCE ON A FARM?

Day

YEAR

Days

12. CITIZEN OF

(County)

on 22b. DATE SIGNED

REGISTRAR'S SIGNATURE

IF UNDER

Months

NO PC

Year

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPS)

PERFORMED?

NO

(State)

WHAT

VR A15 (4)

TO FUNERAL DIRECTOR: After this certificate

should

, page be filed filed

director, shauld b

20 M 1/66

STOTE OF THE PARTY 5.000 That & come? the court of the court of the court of the the first of the second

The state of the s

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) hours e. COUNTY b. COUNTY by the and 2 death, Talbot Maryland MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) 24 write RURAL and give negrest town .57 St. Michaels Bozman 3 wks Pages within filled d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) Maple Avenue completely NAME OF First Middle Last 4. DATE Month DECEASED OF wifhin (Type or print) JOSEPH RUBERT **BVANS** DEATH July 1. carbon 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR B. DATE OF BIRTH and iast birthday) certificate Male White WIDOWED X DIVORCED Dec. 25. physician remove 10a. USUAL OCCUPATION (Give kind of work 9 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even If retired) Roanoke. Virginia Gardnoer please 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME A. Elizabeth Slinning John S. Evans affen Then loval, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no. or unkown) | (If yes give wer or detes of service) that the I. Taylor Evans. St. Michaels. Maryland 213 03 0358 ng physician. permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) end (c).] requires 0 PART I. DEATH WAS CAUSED BY: hospital or and some signed sometificate has been signed for use as the burial-transit portion to burial, cremation, IMMEDIATE CAUSE (e) **DUE TO** Conditions, if eny, which gave rise to immediate cause DUE TO (a), steting the underlying PHYSICIAN: PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION t may be retained by the ho DIRECTOR: After this ce. 3 should be detached for u he State Dept. of Health pri 20e. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While at work et work D.M. 21. I certify that (I) (this hospital) attended the deceased from.... saw the deceased alive on....... 22e. SIGNATURE ATTENDING MED. death. Page 4 page with th HOSPITAL DIRECTOR PHYS. PHYS. M.D. 228. PHYSICIAN'S 22d. ADDRESS NAME Type filed v GUY M. REESER. D. St. Michaels. Maryland Jr., M. 238. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) O.F.S REMOVAL (Specify) July 3, 1967 Olivet Cemeterv 24 FUNERAL DIRECTOR'S

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 20M 5-63

St. Michaels, Maryland

250. REC'D BY REGISTRAR 251 REGISTRAR'S SIGNATURE

Talbot

Months

Day

USA

(County)

. IS RESIDENCE ON A FARM?

1967

IF UNDER 24 HRS.

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? NO V

(State)

22b. DATE SIGNED

12. CITIZEN OF WHAT COUNTRY?

	Destrict		reclas
		2 44.5	fix cost
	77 8685 ,25 ,50		
	lagrote, virginin		Grange
	torile of single-particular		John S. Stant
		1	
bracky	St. Michels, Sp.	.C .M	AN R YOU SHARE

the funeral age of and 2 softer death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours ofter death.

Poge 4 moy be retoined by the hospital or attending physicion.

VR A15 (4) 25M 1/67

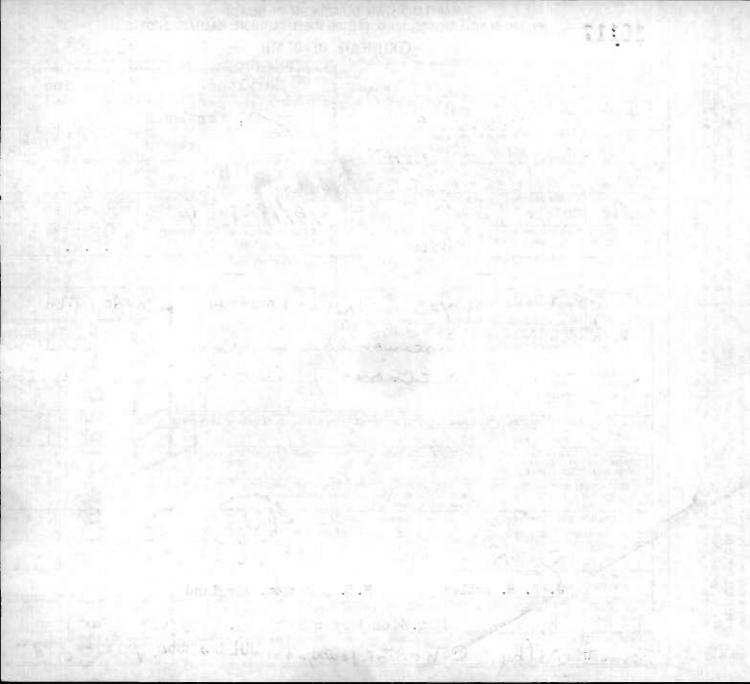
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in bacterior, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers, should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 has

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

10120

	PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence be o. STATE Maryland b. COUNTY Caro	
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nec Marydel, Maryland	prest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital/give street address)	d. STREET ADDRESS	e IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) A First Benteice for	letcher OF DEATH 7 /7	Doy Year 19 6 7
	Temale Colored WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEA Manths Day yrs.	ys Haurs Min.
10d dur	I. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired) LIADOL VALUE VALU	11. BIRTHPLACE (County & State, or foreign country) Delaware 12. CITIZEN U.S.	
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? as no, or unknown) (If yes give wor or dotes of service) A C SOCIAL SECURITY NO. MG	INFORMANT: MURRAY MARTAE	md.
	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUE TO Conditions, if ony, which gove nise to immediate cause (a), stating the underlying couse DUE TO DUE TO		INTERVAL BETWEEN ONSET AND DEATH COOL O
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFICATION	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part I or Part II of item 18.)	
MEDICAL		CE OF INJURY (Hame, farm, lary, street, affice bldg., etc.) 20f. (City or tawn) (Caunty)) (State)
		death accurred at 7 M, fram causes and an the c	
	220. SIGNATURE S. T. B' andler M.		2/67
	22c. PHYSICIAN'S NAME (Type) T. B. Ambler M. D.	22d. ADDRESS Easton, Maryland	/
	BURIAL (REMATION, PEMOVAL (Specify) 7/22/67 Mt.Zion Met	thodist Cem. Marydel Mar	unty) (State) yland
12	4. FUNERAL DIRECTOR ADDRESS	250. RECID BY REGISTRAR 1952 REGISTRAR'S SIGNA	Junge



10118

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

10121

-						
	PLACE OF DEATH o. COUNTY THE he had	MARYLAND	2. USUAL RESIDENCE (W	there deceosed lived, if instituti b. COUN		lmission)
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	3 days	c. CITY DR TOWN (If out	side carparate limits, write RUR man	RAL and give nearest to	wn)
	d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital	l, give street address	d. STREET ADDRESS		01	RESIDENCE N A FARM?
	NAME OF DECEASED (Type or print) INNIE Ziole	Middle	Flexharty	4. DATE Month OF DEATH U	ly 24	Year 19 6 7
-	Female 6. COLOR OR RACE 7. MARRIE WIDOWE	D DIVORCED	10/8/1895	9. AGE (In years lost birthday) 71 yrs.	/Months Doys H	UNDER 24 HRS. ours Min.
dur	ring most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	Talbox 1		12. CITIZEN OF WE COUNTRY?	IAT
13.	George W. Todd		14. MOTHER'S MAIDEN N	skeu		
1S. (Ye	as no or unknown) Iff yes give wor or dates of service)		NFORMANT Swand D. Flu	harty, Tilgh	man, Md.	
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	afherine	felirau.	2 band		
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION					S AUTOPSY FORMED? NO
	20g. ACCIDENT WAS UNDERLYING ☐ 20b. OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in P	ort I or Port II of item 18.)		
MEDICAL	Hour o.m. Wh		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County)	(Stote)
	Salt IIIo doctors all carpy		, 19 I death accurred at_	tata	, 19, that and an the date st	(I) (we) las tated abave
	220. SIGNATURE CHISCU	M.I	D. PHYS.	MED. DIRECTOR D STAFF PHYS.	22b. DATE SIGNED	67
	22c. PHYSICIAN'S F. C- H.	Summits	22d. ADDRESS	ton, Me	1 >160	2)
	o. BURIAL, CREMATION, PROVIDE STATE THEREOF 7/26/1967	Landing Nec	k	Easton Mo	L	(State)
1110	4. FUNERAL DIRECTOR	1. Same	2So. REC'D	2 5 1967 256	OSTRAR'S SIGNATURE	yes !

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar remayal, and in any expent, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

LANDS IN THE RESERVE TO LONG TO BE THE STREET OF STREET

Joseph Louis

Falken

negatie de la company de la co

Tellocal translated - Tellocal translation

Works A. D. T. William

The state of a dear the flat was in the arm, the

Similar Pizificia Lawling Cole

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND

10122

. PLACE OF DEATH		
	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residen	nce before odmission)
o. COUNTY TALKS. L. MARYLAN	ND O. STATE Maruland b. COUNTY Tal	bot
b. CITY OR TOWN (If autside corparate limits, c. LENGTH OF STAY IN 1	b c. CITY OR IOWN (If outside corporate limits, write RURAL and giv	re neorest town)
write RURAL and give nearest tawn) 13 kms. 5011	rin Inappe	20.1
d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
MemoRial		YES NO
3. NAME OF DECEASED (Type or print) BENNEH SULMINGUE AN	+ Kampton DEATH SULLY	Doy Year 3/ 1967
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [8 DATE OF BIRTH 9. AGE (In years 15 UNDER lost birthday) Months	1 YEAR IF UNDER 24 HRS. Doys Hours Min.
male white WIDOWED & DIVORCED {	□ 11/22/1898 68 ys.	DOYS HOURS MINI.
Do. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory worker IDb. KIND OF BUSINESS OR HNDUSTRY. Canning		ITIZEN OF WHAT
James A. Frampton	14. MOTHER'S MAIDEN NAME Katie Mae Sullivan	
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Address	
(Yes, no, or unknown) (If yes give wor or dotes of service) 218–20–4133	James (. Frampton, Easton, Md.	7
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)		INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	ateriorlater Tarking Deseas	ONSET AND DEATH
350 X DUE TO		
Conditions, if ony, which gove) (b)		
rise to immediate couse (o), (
stoting the underlying couse (
lost. (c)	D TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
lost. (c)	D TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) URRED. (Enter nature of injury in Part I or Part II of item 18.)	19. WAS AUTOPSY PERFORMED? YES NO
lost. (c)	IRRED. (Enter noture of injury in Port I or Port II of item 18.)	PERFORMED?
Second S	De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (Company, street, office bldg., etc.)	PERFORMED? YES NO Ounty) (Stote)
Solution Significant conditions Solution Soluti	De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (Com. 7-30, 1967, to 7-31, 19d that death occurred at 220AM, fram causes and an town.)	PERFORMED? YES NO (Stote) 27, that (I) (we) last the date stated above
Second S	De. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) Om. 7 - 30 , 1967, to 7 - 31 , 1964 that death occurred at 220 AM, from causes and an target at 1965 at	PERFORMED? YES NO Ounty) (Stote)
Solution Significant conditions Solution Soluti	De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Om. 7 - 30 , 1967, to 7 - 31 , 19d that death occurred at 220AM, from causes and an table of the phys. Director Phys. 7 - 22d. ADDRESS	PERFORMED? YES NO (Stote) 27, that (I) (We) last the date stated above
Sost. (c)	De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Om. 7-30, 1967, to 7-31, 1964 that death occurred at 224M, fram causes and an table of the phys. M.D. PHYS. Director PHYS. 7-2 M.D. 22d. ADDRESS Easton, Maryland 7/3	PERFORMED? YES NO (Stote) 27, that (I) (We) lose the date stated above the stated above th
Sost. (c)	De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Om. 7-30, 1967, to 7-31, 1967 that death occurred at 224M, from causes and an table of the death occurred at 224M, from causes and an table of the death occurred at 225 AM, from causes and a	PERFORMED? YES NO (Stote) 27, that (I) (We) lose the date stated above the date of the da

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove-carbon papers. Pages 1 apparational be filed with the State Dept. of Health prior to burial, cremation, or removol, and in ony event, within 72 hours after death Poge 4 moy be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

We visit St. 18 The company of the control of the co rance is a companied as a first some to it was a straight for the

Master, to stand

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10120 CERTIFICATE OF DEATH death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY after MARYLAND the b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) within 24 hours filled in by e. IS RESIDENCE ON A FARM? within 72 h d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS YES NO [NAME OF Middle 4. DATE First Lost Month Doy DECEASED OF 3 196 (Type or print) DEATH evenn executed S. SEX DATE OF BIRTH 9. AGF (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Doys Hours in any WIDOWED DIVORCED and 10b. KIND OF BUSINESS OR 100. USUAL OCCUPATION (Giverkind of work done 11. BIRTHPLACE (County & Stote, of foreign country) 12 CIJIZEN OF WHAT requires that the death certificate be during most of working lite even if retired) INDUSTRY **BUNTRY?** and 13. FATHER'S NAME signed by the attending physi burial-transit permit. Then pl burial, cremation, ar removal, 14. MOTHER'S MAIDEN NAME de attending paramit. The WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANI (Yes, no, or unknown) (If yes give wor or dotes of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse has been use as the lith priar to b by the hospital or attending ATTENDING PHYSICIAN: The law lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION Health NO X certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) letached f Dept. af 1 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) TO FUNERAL DIRECTOR: After this Hour o.m. foctory, street, office bldg., etc.) Not While While State [21. I certify that (1) (this haspital) attended the deceased be retained with the and that death accurred at saw the deceased dive an M, fram causes and an the date stated above. 22o. SIGNATURE **ATJENDING** directar, page 3 shauld be filed v DIRECTOR 22c. PHYSULAN'S ADDRESS TO HOSPITAL NAME (Type) 2 13 NAME OF CEMEJERY OR CREMATORY BURIAL, CREMATION, DATE THEREO REMOVAL (Specify) 24. EUNERAL DIRECTOR ADDRESS VR A15 (4) 25M 1/67 DATE

HARLE BY LINE WAS THE THE THE STATE OF THE S

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours ofter death Poge 4 may be retained by the hospital or ottending physician. VR A15 (4) 25M 1/67

7-274175

CERTIFICATE OF DEATH

	TUIM			CERTIF	CAIL	OI DEATH				- 4	
	PLACE OF DEATH					2. USUAL RESIDENCE (V				re admissi	on)
	o. COUNTY TO 1 b	t		MARY	LAND	orsalfyland		Ca PUNII	ine	1	
	b. CITY OR TOWN (If outside corparote limi	ts,	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (If ou		write RURAL	and give neares	st tawn)	
	East	d give nearest tawn)		1 hu 25 n	nin	Denton, 1	Maryland			05	-2
	d. NAME OF HOSPIT	AL OR INSTITUTION (If r	nat in haspita	al, give street address)		d. STREET ADDRESS				e. IS RESII ON A F.	
	Mem	orial to	Sp.			521 Lincoln	Street			YES 🗌	NO D
	NAME OF DECEASED	O. F	irst	Middle	- 10	Last	4. DATE OF	Manth	Day	Ye	ar
	(Type or print)	AGI		Boy	1	Johnson	DEATH	7	- 30	19	
S.	SEX	6. COLOR OR RACE	7. MARRII		V	B. DATE OF BIRTH	9. AGE (In lost birt		anths Doys	Haurs	Min.
	Male	Negro	WIDOWI			7-30-67		Yrs.		1	25-
	i. USUAL OCCUPATION	I (Give kind of work done life, even if retired)	106	KIND OF BUSINESS OR		11. BIRTHPLACE (County & Easton, Ma		(Y)	12. CITIZEN OF COUNTRY?	WHAT	
13.	FATHER'S NAME	Es de como				14. MOTHER'S MAIDEN N					
	Not giv	en by moth	er			Shirley Jo	ohnson				
1S. (Ye	es, no. ar unknawn)	R IN U.S. ARMED FORCES? (If yes give war ar dates	af service)	16. SOCIAL SECURITY NO. None		nformant morial Hosp:	Ltal. East	Address	irvland		
-	I 18. CAUSE OF D	EATH (Enter anly ane ca	use per line			1	,			ERVAL BET	WEEN
		TH WAS CAUSED BY: IMMEDIATE CAUSE		Lunn	at	unty				ISET AND D	
	75000	m m /	E TO								
		, which gove	(b)								
	rise to immediate stating the unde		E TO								
	last.)	(c)								
NO.	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTIN	G TO DEATH BUT NOT RELA	ATED TO I	HE TERMINAL DISEASE CON	DITION GIVEN IN PART	1(a)	19.	WAS AUTO	
CATI									Y	ES	NO 🗌
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b.	DESCRIBE HOW INJURY OC	CURRED. ((Enter nature af injury in f	Part I ar Part II of iten	18.)		" "	
MEDICAL	20c. TIME OF INJ Haur a.i	10	WI	I. INJURY OCCURRED nile Nat While vark at wark		E OF INJURY (Hame, farm ary, street, affice bldg., etc.)	, 20f. (City or	town)	(County)		(State)
	21. 1 certi	fy that (1) (this ho			from	7/30/63	9. to		. 19 . th	nat (I) (we) last
	saw the d	eceased alive on	331	18 m 19 , a	ind that	death occurred at	495/AM, from o	auses and	an the dat	e stated	abave
	22a. SIGNATURE	cotion	Tin	Urhas	M.D	ATTENDING PHYS.	MED. STA	FF -	22b. DATE SIGN	ED / 1	
	22c. PHYSYCIAN'S NAME (Type	Justin T.	Call		M.	T and annuares	1208 6	asi	ton	hy	/
230	BURIAL, CREMATIC	DN, 23b. DATE TH	HEREOF	23c. NAME OF CEME	TERY OR	CREMATORY	23d. LOCATION (C	ty or Town)	(Caunty) (5	tate)
	REMOVAL (Specify					ALE END	Bridgeto		roline	1/10	
20	. FUNERAL DIRECTO		1.10	2222224	entor	2Sa. REC'D	BY REGISTRAR	2Sb. REGIST	RAR'S SIGNATUL	per grad	
1	JUli)	Hell	413	Sayst	Mil	DAAUG	1 1 1967	gau	arles of	usge	•

Principal Control The state of the s

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fithed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages (1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, withme 2 yours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 10122

	1. PLACE OF DEATH a. COUNTY				1	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)				
	TALBOT						a. STATE	TARYT, ANT	b. COUNTY	TAT DOM
		b. CITY OR TOWN (ite limits,	c. LENGTH OF STA		c. CITY OR TOWN	(If outside corpor		PALBOT AL and give nearest town)
		EAST	MON		mons20	0 day	S OX FOR	T		20.1
1		d. NAME OF HOSPIT	AL OR INSTITUTION	ON (if not in t	hospital, give street	address)	d. STREET ADDRES	- 45		e. IS RESIDENCE
)	90	HOUSE I	N THE P	INES-	EASTON					ON A FARM?
	3.	NAME DF DECEASED (Type or print)	5 11'	Irst	Middle	1	Last	4. DATE OF DEATH	Month	Day Year
	5.		COLOR OR RACE		D NEVER MARRI	10 1 8	DATE OF BIRTH		July AGE (In years IFUNDE	17 19 67 ER 1 YEAR FUNDER 24 HRS.
	6	F	W	WIDOWED			3-1874	16	ast birthday) Months	
	10a dur	IN USUAL OCCUPATION	(Give kind of work	done 10b.	KIND OF BUSINESS O)R	11. BIRTHPLACE	(County & State, of	foreign country) 12.	CITIZEN OF WHAT
		RETIRED	ind, oron ii round	H	OUSEWIFE	=	PETERSB	URG-Vire	GINIA /	COUNTRY?
	13.						14. MOTHER'S MA	IDEN NAME	51.01.1	10.11
		ROBERT 1	7. HAMIL	TON			LELIA W	ATKINS		
	15. (Ye	. WAS DECEASED EVER	IN U.S. ARMED FO	JRCES? 16	. SOCIAL SECURITY N		INFORMANT		Address	
			yes give war or ances	31	7-4-4- 194	8 MRS	S. ALFRED S	S. WALLE	OXFORD	, MD,
					line for (a), (b), and	(c).]				INTERVAL BETWEEN
			WAS CAUSED BY		supersi	~ 0	esteur	len		ONSET AND DEATH
		4500	DUE		0					
		Conditions, If any,	, which)	(b)					7 - 6	
		gave rise to imr cause (a), statin	60.1100	т0						
	Z	underlying cause la		(c)						
3	CERTIFICATION	PART II. OTHER SIGN	IFICANT CONDITIO	ONS CONTRIBU	UTING TO DEATH BUT	NOT RELAT	ED TO THE TERMINAL	L DISEASE CONDIT	TION GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED? YES NO
		20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	UNDERLYING CAUSE OF DEA	TH NER)	DESCRIBE HOW INJU	URY OCCUR	RED. (Enter nature	of Injury in Part	I or Part II of Item 1	8.)
	CAL	20c. TIME OF INJU	RY Month, Day,	Year 20d.	INJURY OCCURRED	20e. PLAC	E OF INJURY (Home,	farm, 20f. (CII	ty or town) (Co	ounty) (State)
	MEDICAL	Hour a.m. p.m.	19	While at worl		tactory	, street, office bldg.,	, etc.)		
		21. I certify th	at (I) (th is hos	pital) attend	led the deceased	III VIII		1966, to_		67, that (I) (we) last
		saw the deceas		7-17			death occurred &	: 30P, JM		the date stated above.
		22a. SIGNATURE	100	, 0.			ATTENDING/	MED.	OTACE	DATE SIGNED
		22c. PHYSICIAN'S	upur	Ca	my	M.D.	PHYS.	DIRECTOR _	PHYS. D 7-	18-67
1		22c. PHYSICIAN'S NAME (Type)	1/	n P. Ca	rney, M.D.		22d. ADDRÉSS	P.O. Box	929, Easto	on Md.
1	23a.		ON.I 23b. DATE 1		23c. NAME OF C		OR CREMATORY		TION (City, town or co	
		REMOVAL (Specify	70rd 96	0,1967			D CEMETER		AS BORG -	. I. A
	24.	FUNERAL DIRECTO	R A		ADDRESS	7	25a. R	EC'D BY REGISTR	RAR 25b. REGISTRAF	R'S SIGNATURE
		14-18ch	Wank	/	Mart	~ /	n A DATE J	UL 19 K	967 golian	res judge
				1		100				U

VR A15 (4) 1/65

4. .

The state of the s

AND THE PROPERTY AND THE PROPERTY OF THE PARTY OF THE PAR

A CONTRACTOR OF THE CONTRACTOR AND CONTRACTOR OF THE CONTRACTOR OF

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10123

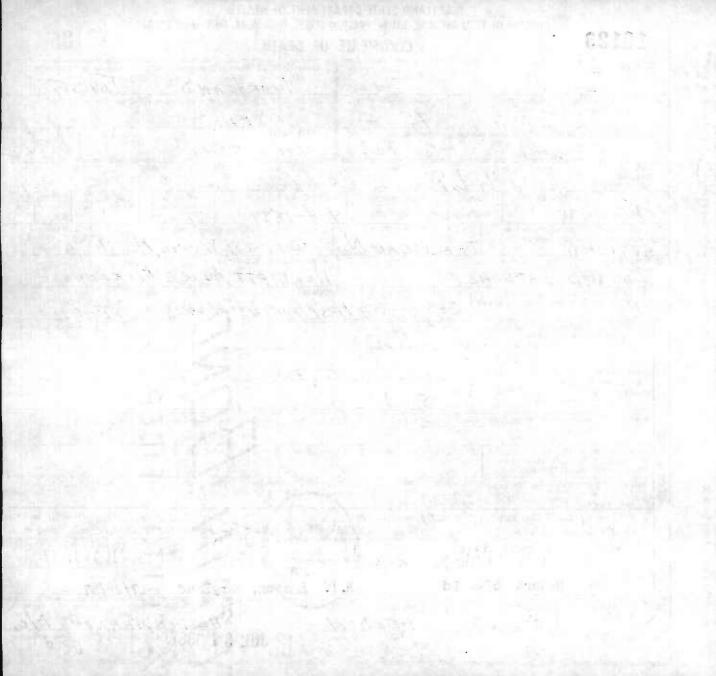
CERTIFICATE OF DEATH

10125

	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence of COUNTY) b. COUNTY	ce before odmission)
	O. COUNTY / A/D O. STATE MARYLAND D. COUNTY / A	LB01
	b. CITY OR TOWN (If outside carparate limits, C. LENGTH OF STAY, IN 1b C. CITY OR TOWN (If outside carparate limits, write RURAL and giv	- 140 - 1
	write RURAL and give nearest town)	24.1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give/street address) d. STREET ADDRESS d. STREET ADDRESS	e IS RESIDENCE
		ON A FARM?
2		YES NO
	NAME OF Lost Lost OF Month OF Lost Lost OF DEATH A DATE Month OF DEATH OF DEATH	27 1967
S. :	7. MINICALED D. SITTE OF STATE OF STA	
	T WIDOWED DIVORCED 9-4-1889 77 yrs. Months	Doys Hours Mi
Oo.	ing most of working life, even if retired) INDUSTRY	TIZEN OF WHAT
13	FATHER'S NAME PRACTICAL YUR SHELDON VERNON, MO. 4 FATHER'S NAME 14. MOTHER'S MAIDEN NAME	-0 1
10.		HOUSE
10		rouse
(Ye		
	18, no of unknown) (IT yes give wor or dates of service) 363-34-057/ MRS MAURINE PARKER OXT	OPD
	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (0)	ONSET AND DEATH
	157 X DUE TO C	100
	Conditions, if ony, which gove rise to immediate couse (a), (b) Causessandas	
	stoting the underlying couse DUE TO	
	lost. (1) Reder Calicineme	
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY
ATIO		PERFORMED?
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II af item 1B.)	
CERI	OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
CAL		unty) (State
MEDICAL	Hour o.m. While Not While foctory, street, office bldg., etc.)	(51010
	but 01 AOLY - 01 AOLY -	.1 . (1) ()
	21. I certify that (I) (this haspital) attended the deceased from, 19, to, 19, saw the deceased alive on	, that (I) (we)
	ATTENDING TO MED. STAFF TO O	ATE SIGNED
	22c, PHYSICIAN'S 22d, ADDRESS 22d, ADDRESS	78 (0,)
	MANUE (Total) Deband 16 Day 7 1	40
	The 24 Less born, Palyland 1/20/	
230	BURIAL (CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)
-	0-3-6 CHALDON SHESDON, VERN	ION Me
24.	FUNERAL DIRECTOR ADDRESS 250. DECILIER SEGITRAN 967 256. REGISTRAN S. S.	GNAI URE WORKER
	Man Charles Md DATE	0

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.



FOR STATE HEALTH DEPT. omy delay is with the Stote Deportment of necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3 the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office algag with form TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter deoth. If 5 may be retained for your files. Health prior to buriol, cremation, ar removal, and in any event within 72 hours ofter deat

VR A15ME (5) 6M 1/67

MORONE

10124

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	0126
PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence	e before odmission)
O. COUNTY TAIDOT MARYLAND	o. STATE MD. b. COUNTY —	
b. CITY OR TOWN (If outside corporate limits, write-RURAL and give nearest tawn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest town)
EASTON	EAS/ BALI/MORE	304
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospita), give street address)	d. STREET ADDRESS HOME WOOD AUF	e. IS RESIDENCE ON A FARM?
MEMORIAL HOSPITAL	1315 HOMEWOOD AVE.	YES NO
3. NAME OF DECEASED (Type or print) LUDIE O'dell L	Lost 4. DATE Month OF DEATH	30 1967
MALE // DI	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 lost birthdoy) Months	YEAR IF UNDER 24 HRS Doys Hours Min.
	12-9-1926 40 yrs.	
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		IZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
TRANK Lilly	Willie MAR KAMSEY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dotes of service) 2/6-01-049014	NAOMI Rovers 2002 Lib	erty Hots
PART I. DEATH WAS CAUSED BY: Death WAS CAUSED BY: Desturning De		INTERVAL BETWEEN ONSET AND DEATH
19399 IMMEDIATE CAUSE (o) DUE TO		
Conditions, if ony, which gove) (b)		
rise to immediate couse (a), storing the underlying couse DUE TO		
lost. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
200. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING CAUSE OF DEATH.	(Enter noture of injury in Port I or Part II af item 18.)	
	ACE OF INJURY (Hame, form, tory, street, office bldg., etc.)	inty) (Stote)
21. I certify that I taok charge of the remains described above, he	eld an Autapsy , Inspection , Inquiry ,	and in my apinio
	cide , Homicide Undetermined monner	
	CHIEF MEDICAL EXAMINER	
SIGNATURE Xagues L Caldwell	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
EXAMINER'S TACQUES IC. Caldwell	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	31/6-
230. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR BURIAL (Specify) 8-4-67 Balto. Na	CREMATORY Cem. 23d LOCATION (City or Town) Bn He-	(County) (Stote)
24. FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	GNATURE
Jordon & Duetly H. 1701 LAUREN	S DAMUG 3 1967 yours	o Judge

1701 LAURENS St.

54 = 3581-4-21 X NIQU D. W. crosespall Willie Has Emmsog ell I stand the hours tagger 2002 Lowty 14 Busin 8 to 67 Forthe Find L. Com Front many words the state of second party of the training of

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10125

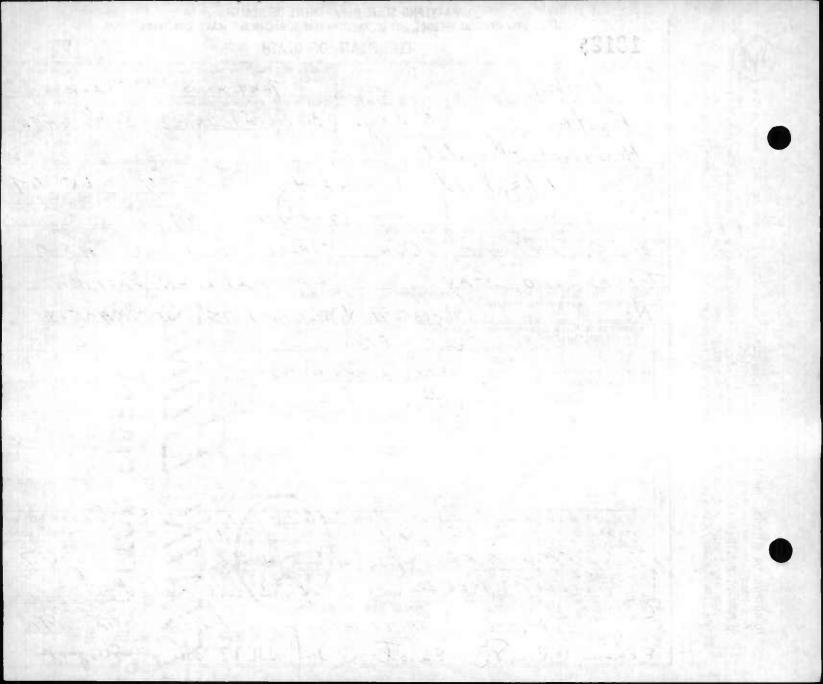
CERTIFICATE OF DEATH

10127

					TO THE S
1. PLACE OF DEATH					tution: Residence before admission)
a. COUNTY	albot	MARYLAND	O. STATE MAR	W/ A N/ S b. CO	JALBOT
b. CITY OR TOWN	(If outside carporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If go	Oside corporate limits, write F	RURAL and give nearest tawn) 20.1
	nd give nearest town)	5 days.	D ./	-	5-1/1-11-51-
<u></u>	7770			4 ERRACE-	- UT//ICHAELS
d. NAME OF HUSPI	TAL UK INSTITUTION (IF not in	hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Mem	oriel -Ho	Spital			YES NO
3. NAME OF	First	/ Middle,	Last		onth Day Year
(Type or print)	Flizal	beth VIRGINI	Luto	OF DEATH	15 1967
SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRAY	9. AGE (In years	IFUNDER 1 YEAR IF UNDER 24 HRS
F	14/	WIDOWED DIVORCED	7 1101011	last birthday)	Months Days Haurs Min.
On USUAL OCCUPATION	N (Give kind of work done	10b. KIND OF BUSINESS OR	1-4-19/	yrs.	12. CITIZEN OF WHAT
	lite, even if retired	INDUSTRY	11. BIRTHPLACE (County	& State, ar foreign country)	COUNTRY?
	YEFPER MARCA	ANT - OWN	1 HLB GT	- MARYLAN	ID H.S.A
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	3
THOMAS	SAMAEL	GAV	BERTH	4 ELLEN	BATRICK
S. WAS DECEASED EV	ER IN U.S. ARMED FORCES?		INFORMANT	Ad	dress
(Yes, no or unknown)	(If yes give wor or dates of se	V m s h	1.W.	1. may 1 Pm	W.daracia
Tan CAUSE OF F	NEATH /Ester calls and calls	713-03-9471	MILLIAMI	COIS OIL	INTERVAL BETWEEN
	DEATH (Enter only one couse p ATH WAS CAUSED BY:	per line for (a), (b), and (c)	2		ONSET AND DEATH
170X	IMMEDIATE CAUSE (a).	any			
11/2/0	DUE TO		19. 1	_ (/	0 . 0
Conditions, if on		careenon	alary-	generale	zed
stating the und		a v	2		
last.	(c)	ca Breet			
PART II. OTHER S	SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY
5				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PERFORMED?
5 ASSIDENT	S LINIOTENIANIO TO	Tool processor their bulling occupant	dr.	D D	YES NO X
	AS UNDERLYING G CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED). (Enter nature of injury in	Part I ar Part II of item 18.)	
	MEDICAL EXAMINER)				
20c. TIME OF IN	JURY Month, Doy, Year		ACE OF INJURY (Home, farr		(County) (State)
E nour a	m. 19	While Not While of work	octory, street, office bldg., etc.)	
		ol) ottended the deceased from_	1967	19 to 2 - 2	5 7, 196 7, that (I) (we) la
	leceased alive an 2		ot death occurred af		s and on the date stated abov
220 SIGNATURE			or double office at	G m, man caoso	22b. DATE SIGNED
Valle	1/1/1/1/1	0022 Mg.	A.D. PHYS	MED. STAFF	7-15-67
22c. PHYSICIAN	1 4	1/0	A.D. PHYS. 22d. ADDRESS	DIRECTOR L PHYS.	
NAME (Type	Vium	1200182 h	11. 10 m	undand	, Weel
1	rugin C	, were	- MIN	margue	1114
23a, BURIAL, CREMAT REMOVAL (Specif	ON, 23b. DATE THEREC	OF 23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City or	Town) (County) (Stote)
-MENNO ANT (2060)	17-18-6	67 OPRIME	HILL	EASTON	TAL. MA
24. FUNERAL DIRECT	OR	ADDRESS	2So. REC	D BY REGISTRAR 2Sb.	REGISTRAR'S SIGNATURE
Fllin	- (l - X	P E-alm	DALUL DALUL	17 1967 *	Charles Judges

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please is prove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotian, or removal, and many event, within 72 hours after death. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

AL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 stilled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deaths. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth. ay be retoined by the hospital or ottending physician.

roge 4 III	TO FUNERA	ector	should be
VR 25	A1 M 1	5 (4) (

10126	CERTIFICATE	OF DEATH		11560
b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	0. STATE 208	re deceased lived, if institution SOUTH 54, e corporate limits, write RURAL	TALBOT
d. NAME OF HOSPITAL OR INSTITUTION (If not in	haspital give street address)	d. STREET ADDRESS		e. IS RESIDENCE
Memorial Hos		EASTON	,	ON A FARM? YES NO D
3. NAME OF DECEASED (Type or print) BABY	Middle Boy Mai	Idonado	DATE Manth OF 7	Day Year 20 19 6 7
MALE Negro	WIDOWED DIVORCED	7-19-67	last birthday) yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind af wark dane during mast af warking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY NONE		- Md.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	D. 0.D.A	14. MOTHER'S MAIDEN NAM	- sed-a.	- 0
ENGEDE MAL	DONADO 16. SOCIAL SECURITY NO. 17.	INFORMANT	5 WARN	
(Yes, na, ar unknawn) (If yes give war ar dates of ser	Nico)	DELORES M	PAL DONA DO	208 EASTON, Md.
1B. CAUSE OF DEATH (Enter only one cause p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		inty		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave)	100.100			
rise ta immediate cause (a), stating the underlying cause last.	vences			
PART II OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDIT	ON GIVEN IN PART 1(a)	19. WAS AUTOPSY PARFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port	1 or Part II af item 1B.)	
20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19		CE OF INJURY (Hame, farm, tary, street, affice bldg., etc.)	20f. (City ar tawn)	(Caunty) (State)
21. I certify that (I) (this haspite saw the deceased alive on		t death occurred at 3	A) ta 1/ W	d on the dote stoted obove
22g SIGNATURE	rhan M.	ATTENDING - MED		22b. DATE SIGNED 7-28-67
(2)c. PHYSICIAN'S	Callahan, M.D.	22d. ADDRESS Easton	Maryland	
230. BURIAL (REMATION, 23b. DATE THEREO SEMOVAL (Specify) 7-24-6	F 23c NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town	1 11 1
24. SUNERAL DIRECTOR	ADDRESS ADDRESS	250. REC'D BY	REGISTRAR 25b. REGIS	

Toward of the wild of the state The state of the second The second of the Company of the com The second of th white the state of the state of

		TOTAL	CERTIFICATE	CF DEATH	200 00 000
death		ACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institute a. STATE b. COL	
- E	b	CITY OR TOWN (If autside carparote limits,	MARYLAND C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carparate limits, write RI	Careline
	U	write RURAL and give nearest town)	2 (4) 63	Denten	OKAL OIII GIVE HEOLEST TOWN)
2 ho	d	NAME OF HOSPITAL OR INSTITUTION (If not	t in Jospital, give street address)	d. STREET ADDRESS	e IS RESIDENCE
event, within 72 hours		Memorial +	tosp. 41	Gay Stree	ON A FARM? YES NO
WII	D	AME OF Firs	Middle A Middle	Lost 4. DATE Mai	nth Day Year
	5. S	ype or print) CTCV1Cu11	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years)	IF UNDER 1 YEAR IF UNDER 24 PR
		Female Col.	WIDOWED DIVORCED	Nev. 8. 1928 last birthday) 38 yrs.	Months Doys Haurs Min.
	10a.	JSUAL OCCUPATION (Give kind of wark dane g mast af warking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Caunty & State, ar foreign cauntry)	12. CITIZEN OF WHAT COUNTRY?
		Housewife	None	Maryland	USA
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	is.	WAS DECEASED EVER IN U.S. ARMED FORCES?		Leone Black INFORMANT Add	ress
		na, or unknown) (If yes give wor or dotes af	service)	ble Patterson Green	ahama Wa
	T		se per line far (a), (b), and (c).)	101 = 1 (41) 41 1 = 041 10	INTERVAL BETWEEN
		18. CAUSE OF DEATH (Enter only one cous PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (ONSET AND DEATH
		273X DUE 1 Canditions, if any, which gave			1 WK
1		rise to immediate couse (a), DUE 1	(b) TO		
170			(c)		
3	N			THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
	\$	Clase Was UNDERLYING D	wich cyblogy -	(Enter nature of injury in Part I or Part II of item 18.)	YES NO
3	2	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	200. DESCRIBE HOW INJURY OCCURRED.	(cities nature as imply in rail 1 of rail it of hear to.)	
	를	20c. TIME OF INJURY Manth, Day, Year		ACE OF INJURY (Hame, farm, 20f. (City ar town)	(Caunty) (State)
	W	Haur a.m. p.m. 19	at wark U at wark U	tory, street, affice bldg., etc.)	
			pital) attended the deceased fram_	7-2- , 19 67 , to 7-7	, 19 <u>6</u> 2, that (I) (we) la
3.1	-	saw the deceased alive an	1- 4 19 L / , and the	t death accurred at M. fram causes	and an the date stated above
		Ihoun). M	Duna M.	D. ATTENDING MED. STAFF DIRECTOR PHYS.	7-10-67
		22c. PHYSICIAN'S NAME (Type) Themas J.	. McGonagle M.	D. Easton, Maryland	7/10/67
_	220				
0	236.	BURIAL, CREMATION, REMOVAL (Specify) 7-10-		CREMATORY 23d. LOCATION (City or T	
M	24)	FUNERAL DIRECTOR	() ADDRESS	2Sa. REC'D BY REGISTRAR 2Sb. F	REGISTRAR'S SIGNATURE
0	X	6. Bouland	Streens loro,	Mc DATE JUL 1 3 1967	1

An action of the Court of Equipment of Mark and the control of the control of

Maryland Caroline Cu.143 Masuva tot

Tomain Col. 1 Nov. 5, 1928 38 AEU Sunservire Suns Standard Standard

Logic Greek

.bit . or aderesti gomester bides . . . enoli.

Out line Town

Char Charty - Curica English -

7-7 I tome) . M. Buga

1001-6

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH

1 01190 OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1.	PLACE OF DEATH e. COUNTY Talbot		MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Talbot				
	b. CITY OR TOWN (if outside corp write RURAL and give nearest LAS CON	orate limits, c	LENGTH OF STAY IN 1	c. CITY OR TOWN (II	Easton		and give nearest town)	
	d. NAME OF HOSPITAL OR INSTITU	JTION (If not In hosp	ital, give street addres	d. STREET ADDRESS XXX e. IS RESION A F				
	NAME OF DECEASED (Type or print) Nani		Middle Mae	Palmer	4. DATE OF DEATH	July	2 19 67	
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 Months Days Hours 19. AGE (In years IFUNDER 24 Months Days Months							
10a	USUAL OCCUPATION (Give kind of wing most of working life, even if re	ork done 10b. KIND	O OF BUSINESS OR USTRY XXX	11. BIRTHPLACE (C	county & State, or for SVILLE,	Maryland ^c	OUNTRY? USA	
13.	FATHER'S NAME William Ch	narles La	ine	14. MOTHER'S MAIDEN NAME Rozena Bridges				
15 (Ye	. WAS DECEASED EVER IN U.S. ARME s, no, or unkown) (If yes give war or da	D FORCES? 16. SO tes of service)		. INFORMANT	chison-	Address -Easton,	Maryland	
	18. CAUSE OF DEATH [Enter only PART I. DEATH WAS CAUSED IMMEDIATE CAL	BY:	for (a), (b), and (c).]	sular o	wile	ıt	INTERVAL BETWEEN ONSET AND DEATH 5 Cluss	
	Conditions, if any, which gave rise to immediate cause (a), stating the	DUE TO (b)						
CERTIFICATION	PART II. OTHER SIGNIFICANT COND When	moer					YES NO NO	
	20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING THE CAUSE OF (IF EITHER, NOTIFY MEDICAL EX	DEATH AMINER)		CURRED. (Enter nature o				
MEDICAL	20c. TIME OF INJURY Month, D Hour a.m. p.m.	Year 20d. INJU While at work	Not While at work	LACE OF INJURY (Home, fortory, street, office bldg.,	etc.) 2Df. (City	or town) (Co	unty) (State)	
	21. I certify that (I) (this hospital) attended the deceased from fully, 1967, to July 2, 1967, that (I) (we) last saw the deceased alive on 11 may 1965, and that death occurred at 34 M, from the causes and on the date stated above.							
	22c. PHYSICIAN'S	no Co	energy !	A.D. PHYS. 22d. ADDRESS	DIRECTOR	4 1 4	3-67	
236	NAME (Type) STEP!	HENT. C	ARNE OF CEMET	E AS		IARYLAN ION (City, town or co		
	REMOVAL (Specify) Burial Jul		Stevensvil	16	Steve	ensville,	Marylano	
24	Edgar L. Co	ne Chu	rch Hill,			187 June	TO SIGNATURE	

THE COMPLETE HE RESERVE THE PROPERTY OF THE PR Ted Market ans you at five feve to agains interest - Some land and print in this abrest man 3- motioned cal or mbyraid addivon vent all tymeyord . III . SEEL SECTION .

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

10130

		,						
	PLACE OF DEATH	00/			nere deceased lived, if institut		before odmissi	on)
	o. COUNTY	lbot	MARYLAND	a. STATE Mary	land b. cou	NIY C	arelin	eV
	b. CITY OR TOWN (If autside		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outs	ide carparate limits, write RU	RAL and give r	nearest tawn)	
	write RURAL and give ne	earest tawh)	1	Rural G	reensbere	1	5.2	
-	d. NAME OF HOSPITAL OR IN	NSTITUTION (If not in haspital	give street address) A	d. STREET ADDRESS			e IS RESIL	DENCE
	Ulleng	arial (tos pital	Beyce M	ill Read		YES T	
	NAME OF DECEASED (Type or print)	ulla	L. Hea	rsou	4. DATE Mon	th //	, Doy Yes	67
S.	SEX 6. COL	OR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE In years	IF UNDER 1 Y		
	Female Wh	i te WIDOWED	DIVORCED	May 15,191	o lost birthday) 57 yrs.	Manths D	Days Haurs	Min.
10a	USUAL OCCUPATION (Give ki	ind of work done 10b. I	KIND OF BUSINESS OR	11. BIRTHPLACE (County &			EN OF WHAT	
dut	ng mast af working life, ever	ir retired)	NDUSTRY None	I11.		US		
	FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME			
	No Recor	ď		No	Record			
15.	WAS DECEASED EVER IN U.S.	ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Addr	ess		
(76	s, no, ar unknawn) (If yes gi	ive war or dates of service)	ne I	Richard Pea	rean Green	ghara	. Md.	
		nter anly ane cause per line fa		TOHAT G. A GA	Look of Gen		INTERVAL BET	
	PART I. DEATH WAS	CAUSED BY: MMEDIATE CAUSE (a)	Cerebral	Hemorrhage			ONSET AND D	EATH
	443X	DUE TO						
	Conditions, if any, which o		Arteriosc	lerotic C. V	Dis. with			
	rise to immediate cause stating the underlying co	(a), (DUE TO	Hypertens					
	last.	(c)	and bor dome	1011				
7	PART II. OTHER SIGNIFICAN	NT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(a)		19. WAS AUTO	OPSY
ATIOI		Di	abetes Mell	itus			-	NO V
CERTIFICATION	20a. ACCIDENT WAS UNDERL OR CONTRIBUTING ☐ CAUS (IF EITHER, NOTIFY MEDICAL	LYING (20b. C E OF DEATH	PESCRIBE HOW INJURY OCCURRED		art I or Part II of item 1B.)			
MEDICAL	20c. TIME OF INJURY Mai		INJURY OCCURRED 20e. P	LACE OF INJURY (Hame, farm,	20f. (City or tawn)	(Cauni	ty) ((State)
MED	Haur o.m.	19 While	e Not While fo	actory, street, affice bldg., etc.)			- 150	
			nded the deceased fram_	Sept. 1 19	66 to July	11, 1967	7, that (I) (we) last
	saw The deceased	d alive an July	1/ 1967, and th	at death accurred at				
1	22 SIGNATURE	CH WIL	-	ATTENDING N	IED. STAFF	22b. DAT	ESIGNED	
1	U West	(XIII no	a cela	AD. PHYS.	IED. IRECTOR D STAFF PHYS. D	July	14'67	
-	224 PHYSICIAN'S	17 - 17 - 17	1	22d. ADDRESS				
	NAME (Type)	harles H.St	onesifer, M	.D. Green	sboro, Mar	yland		
230	BURIAL, CREMATION,	23b. DATE THEREOF	23 NAME OF CEMETERY O		23d. LOCATION (City or To			itote)
	READYALISECTIVIL	7-14-67	Greensber		Greensbor	e, Md	•	
24	L FUNERAL DIRECTOR	0 . 00	ADDRESS		BY REGISTRAR 2Sb. R	EGISTRAR'S SIG		1.40
	4.5.12~	1/2-17 14.		Md DATEJU	18 1967	Maril	in jung	-

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tyneral director, page 3 shauld be detached far use as the burial-transit permit. Then please remagnization papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, or remaval, and in day event, within 72 haurs after death. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Fercals Walte

hensewife

erene.

DEDLYMAL erodenment Inters

The view of the same of the sa

73 0.001,21 (61 5 15) .111

7 1

bit or organezit ueurasa kwadrah ... ehell annument firstern

as for a 14 W.D olfor@lesolis to

and the state of

emine of de flowing and to depos to come

Manager of the contract of the

Burtal V-14-57 Greensbore Greensbore MG. 4 - 1 - 100 | 0 L 101 | 1.5

10130

CERTIFICATE OF DEATH

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)					
o. COUNTY Talbot	MARYLAND	and o. STATE Maryland b. COUNTY Talbox					
b. CITY OR TOWN (If outside corporate limits.	c. LENGTH OF STAY IN 1b		le corporate limits, write RU	RAL and give neares	st town)		
write RURAL and give penest town	4 years	Easton (Rural)					
	7	301					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol,	give street oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?		
RFD #2 Box 59		RFD #2 B	ox 59		YES 🔀 NO 🗌		
3. NAME OF First	Middle	Lost 4	. DATE Mon				
(Type or print) (lara Elizabeth	Price		OF DEATH	July 1	1967		
S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	O ACE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS		
Female white WIDOWED	DIVORCED	Nov. 3, 188	2 St birthdoy)	Months Doys	Hours Min.		
	ND OF BUSINESS OR	11. BIRTHPLACE (County & S	tote, or foreign country)	12. CITIZEN O			
during most of working life, even if retired) IN	DUSTRY	Talbot Ma	ruland	EPSTYRY?	,		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	9				
William E. Andrew		Sallie Da					
	COCIAL CECUPITY NO. 1 17	INFORMANT	Addr				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)				_	A1 2 1		
no	215-44-5830H /	Irs. Henry Ga	nnon, KtU,	aston,	id.		
18. CAUSE OF DEATH (Enter only one couse per line for	(o), (b), ond (c).)			IN	ERVAL BETWEEN		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ent Failur	2		110	AND DEATH		
4201 DUE TO	0		6.1		,		
Conditions, if ony, which gove) (b)	reached 1	Marchan	019		res.		
rise to immediate couse (o),	, , , , , , , , , , , , , , , , , , , ,				-		
stoting the underlying couse ()	en os clantic	Cardiovas	c. 8a. Dis	ease 1	123		
	TO DEATH BUT NOT BELATED TO			19	WAS AUTOPSY		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	DEATH BUT NOT KECATED TO	THE TERMINAL DISEASE CONDI	NON GIVEN IN PART T(0)		PERFORMED?		
TE CALL				Y	ES NO		
200. ACCIDENT WAS UNDERLYING 200. OR CONTRIBUTION 2005. DE	SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Por	t I or Port II of item 18.)				
(IF EITHER, NOTIFY MEDICAL EXAMINER)							
		CE OF INJURY (Home, farm,	20f. (City or town)	(County)	(Stote)		
Hour o.m. While of worl		tory, street, office bldg., etc.)			· · ·		
21. I certify that (I) (this bospital) atten		11 28 101	03 to 7 /1	106 1	nat (1) (aus) la		
saw the deceased alive an		t death accurred at 3:	1				
220. SIGNATURE	17 , 0110 1110	i dealii deconed di	To Mill, Hulli Choses	22b. DATE SIGN			
220. SIGNATURE		ATTENDING ME		7 7 0	CM		
sirue an i	M.		RECTOR L PHYS. L	1 . 2	161		
22c. PHYSICIAN'S NAME (Type) S. KRECH	JK.	22d. ADDRESS	ISTON, M	1			
				, ,			
230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY .	23d. LOCATION (City or To	own) (County	(State)		
Bremoval (Specify) 7/3/1967	Spring Hil	L	Easton, Md	•			
24. FUNERAL DIRECTOR	ADDRESS	2So, REG'D B	REGISTRAR C7 25b, P	FOISTPAR'S SIGNATU	RE		
MAURICE E. NEWNAM & SON,	, Easton, Mil.	DATEUL	1001	0	0		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth. Poge 4 moy be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion and completely filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Page should be filed with the State Dept. of Health prior to burial, cremation, or removol, and in day event, within 72 hours of

CHOCHE STATE DESCRIPTION

Partille . Marked & S. J. Caratte, Suite

		MADELLE		17 Ta _ LV _
Valded	Many loval		1,1	
	Chine Letters /	12460 /	Mass.	not our
:	17 300 St CR.		72 200	SE (19)
		Pakon	Janes Lander	
	lov. 2, 7062 81	20	Pictory	Fanake
	Telhat visitard			AGUDELIO /
	siv sil		(1 Jan 8	enj. \
e	a, House Govern Me	A INCLUSION		(at)
122	110 Hust			
	or in all a linear hand			
1000				
L.,		The second		
	1 1	4	A CONTRACTOR	
1	1 ,4000 3		AND THE REAL PROPERTY.	
	The state of the s	L'ill agina		And its

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10132

	TOTOR	CERTIFICATE	OF DEATH		_ 02.0%	
	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed live		ce before odmission)	
	a. COUNTY JA/bot	MARYLAND	· MARY LOND	b. COUNTY CA	ROLING	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH, OF STAY IN 16	c. CITY OR TOWN (If outside corporate limit	1	neorest town)	
	EAST	ON 4 WKS,		ENIGN	A SE DECIDENCE	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in h	ospitol, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO	
	NAME OF DECEASED (Type or print) E/13-160	Middle K	Lost 4. DATE OF DEATH	Month	Doy Year 26 1967	
S.	- 8	TARRIED NEVER MARRIED		(In years IF UNDER) birthdoy) Months yrs.	Doys Hours Min.	
10o dur	o. USUAL OCCUPATION (Give kind of work done ring most of working life oven if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign co		UNITED OF WHAT	
13.	FATHER'S NAME	OCKE	14. MOTHER'S MAIDEN NAME	5HI	PLEY	
	was DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dotes of servi	(a)	NFORMANT RS. Douglas Beyla	Address USNG TON,	GREENSBORD,	
	18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Phlebothiml	emboles		INTERVAL BETWEEN ONSET AND DEATH Communication 2 weeks	
CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIL	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN P.	ART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO	
CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Port II of i	item 1B.)		
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19	While Not While of work of work	ory, street, office bldg., etc.)	or town) (Cou	unty) (State)	
	21. I certify that (I) (this haspital) attended the deceased from from 1967 to 36 July, 1967, that (I) (we) las saw the deceased alive on 1967, and that death occurred of M, from causes and on the dote stoted obove					
	220. SIGNATURE	Cal M.	D. PHYS. DIRECTOR L	STAFF /-	TE SIGNED	
	22c. PHYSICHAN'S NAME (Type)		22d. ADDRESS			
230	BURIAL CREMATION, 28b. DATE THEREOF	76 23c. NAME OF CEMETERY OR	CREMATOR . 23d. LOCATION	(City or Town)	(County) M (State)	
24	4. FUNERAL POTRECTOR	ADDRESS	250. REC'D BY REGISTRAR	2Sb. REGISTRAR'S SI	GNATURE	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the functor director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages and 2 shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

That survey is the holy . Care. 1981 - 25100

10132

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

10133

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours, met death.	1	O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competely filled in by the the the signed by the attending physician and competely filled in by the the the signed by the	Pages 1 and 2	dear done
4 ho		d in b	ers.	70 h c
thin 2		E E	n pa	See Land
iw be	1	etely	compo	-
xecute		0000	nave	2000
be ex		ond a	e ren	1:0
ficate		ysiciar	pleas	-
certi		ng ph	Then	
death		Hendir	rmit.	
the		the a	sit pe	
that	ion.	l by	-trans	
aquire	Page 4 may be retained by the haspital or attending physician.	signed	burial	Luciani
dw re	nding	peen	s the	Same Asses
The	atte	has	use a	ial
CIAN:	ital o	ificate	far	- TI J.
HYSI	hasp	s cert	ached	4-4
NG P	y the	er thi	e det	C TAL
ENDI	ed bar	R: Aft	old blu	AL. CA
ATT	retair	ECT0	shoi	AAL.
IL OR	y be	DIR	age 3	C. L. L.
SPITA	4 ma	IERAL	ar, p	775
0H (age	FU	direct	-Land
2	-	2		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and copy refer tyled in by the type all director, page 3 should be detached far use as the burial-transit permit. Then please remaye capen papers. Pages 4 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death. Page 4 may be retained by the haspital or attending physici

VR A15 (4) 25M 1/67

PLACE OF DEATH o. COUNTY / albot	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Maryla	deceosed lived, if institution: I b. COUNTY	Residence before odmission) Talbot
b. CITY OR TOWN (If outside corporate limits, write RyRAL) and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside Tilghman	corporote limits, write RURAL o	and give neorest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, g	ive street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) OSCAR First HE RMA	N SCHARCH		DATE Month OF DEATH July 13.	Doy Year 19 67
Male white Widowed 7. Married .	NEVER MARRIED DIVORCED	B. DATE OF BIRTH Pan. 22, 1890	last birthdoy) Mo	UNDER 1 YEAR IF UNDER 24 HRS onths Doys Hours Min.
uring most of working life, even if retired) INE	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County & Stote Talbot Ma	e, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME Amil Scharch		14. MOTHER'S MAIDEN NAME	0	
		Mary Nib INFORMANT rs. Daisy (. S	Address	hman. Md.
1B. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove nise to immediate couse (o), stating the underlying couse	terios	elirotice	relighter	laski 10 yrs
PART JI. OZBER SIGNIFIKANI) CONDITIONS CONTRIBUTING	Elecia	eno		19. WAS AUTOPSY PERFORMED? YES NO
206. DES OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in Port I	or Port II of item 1B.)	
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20d. IN While of work	Not While fo	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. Certify that (I) (this hospital) attends any the deceased alive on 7-17	led the deceased from_ 1967, and th	at death occurred at 12:	1	that (1) (we) la on the dote stoted obov 22b. DATE SIGNED
22. HYPECIANS NAME (Type) Dr. Lane Wroth	7	ATTENDING DIRECT	CTOR PHYS. D	7-14-67
30. BURIAL (REMATION, BREWOYAL (Sectify) July 16, 1967	23c. NAME OF CEMETERY OF St. John'	(emetern	23d. LOCATION (City or Town) Tilohman. To	(County) (Stote)
24 FUNERAL DIRECTOR	Sind Expeto:	J. MA DATEJUL	REGISTRAN 2Sb. REGISTI	RAR'S SIGNATURE

	11230 A0		20102
But I	dan dan d		2006-7
,	- 1890 77. − 27. − 2. 1890 77. −	MINDS NEWS	RIGIO
	on. = , 1890 77 -		and sins
	The state of the s		and the second second
	They shibled		will Sanual
	de la companya de la		64
	Abs. 25.47. 32.	de de la companya de	
1.00	careti yakan		
	1681 % 1 Three lath	rina lakesa	south a great to be

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	10100	CERTIFICATE	OF DEATH	P. Control of the Con	LUIDA
1.	PLACE OF DEATH O. COUNTY TAILDOT	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE MARY	ere deceosed lived, if institution: Repair b. COUNTY	DEENHUNES
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)	c. LENGTH OF STAY IN 16	1. 1.	ide corparate limits, write RURAL on	d give neorest town)
78	d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	sitol, give street address)	d. STREET ADDRESS WYE I	12/1	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) DONALD	JAY S/	ANK	4. DATE Month OF DEATH	Doy Year 28 1967
	Male (1) Rite WIDO	WED DIVORCED	DATE OF BIRTH $-17-10$	lost birthdoy) Mon	
dy	No. USUAL OCCUPATION (Give kind af wark done pring most of working life, even if retired) XECUTIVE IN EDUCATION 3. FATHER'S NAME	Ob. KIND OF BUSINESS OR PROFIT	BARBERTON S 14. MOTHER'S MAIDEN NA	lummit Co. Ohio	12. CITIZEN OF WHAT
15	JESSE EAR SP	16. SOCIAL SECURITY NO. 17. 1	NFORMANT COLOR	· magazine	
	Yes, no, Trunknown) (If yes give wor or dotes of service)	089-26-4296 MR	s. Ruth R	- 1	Stown Md.
	1B. CAUSE OF DEATH (Enter only one couse per line part I. DEATH WAS CAUSED BY: 193 9 IMMEDIATE CAUSE (a) DUE TO	alignant gliobi	lastoma M	ultiforme	ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse			V	
Z	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUT	TING TO DEATH BUT NOT RELATED TO 1	HE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
CERTIFICATION	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER)	Db. DESCRIBE HOW INJURY OCCURRED.	Enter noture of injury in Po	ort I or Port II of item 1B.)	YES NO
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.		E OF INJURY (Home, farm, ory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
	21. I certify that (I) (this haspital) a saw the deceased alive an	ttended the deceased fram	death accurred at		
	220. SIGNATURE The Cer	M.C	ATTENDING NO D	IED. STAFF PHYS. D	2b. DATE SIGNED 67
0 23	22c. PHYSICIAN'S NAME (Type) SIKREC	H JR.	E	ASTON, M	16,1
0 23	30. BORTAL, CREMATION, 23b. DATE THEREOF ALGORITHM AUGUST 1,19		CREMATORY	NAShington	D.C. 2002
10 12	14. FUNERAL DIRECTOR BALL BALL	Branch ADDRESS	2So. AU	BY REGISTRAN 1967 2Sb. REGISTRA	AR'S SIGNATURE

FOR STATE any delay is

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages land 2 with the State Department of 60 Health prior to burial, cremation, or removal, and in any event within 72 hours after

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

VR A15ME

10134

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, Item #8 Film #G391 STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1		a. COUNTY	MARYIAND	2. USUAL RESIDENCE (Where a. STATE	h COUNTY	
		b. CITY OR TOWN (If gutside corporate limits.	MARYLAND C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside of		and give peorest town)
		write RURAL and give nearest tawn)	1) 50 0		aipulote ilitilis, wife KOKAL	and give hearest town)
	-	Enston	DOIT	Easton		
0		d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital,	give street address)	d. STREET ADDRESS	L C	e. IS RESIDENCE ON A FARM?
7		Memorial Hospi	lal	414A YOLOS	boro Street	YES NO 🕊
		NAME OF First	Middle O	Lost , 4. D		Doy Year
		DECEASED (Type or print)	lizabett.		DE T	30 1967
1	5.		NEVER MARRIED	B. DATE OF BIRTH 1907	9. AGE (In years) II	FUNDER 1 YEAR IF UNDER 24 ARS.
)	F	emale white WIDOWED	DIVORCED	12/28/1908/	last birthday) M	Months Days Hours Min.
1	10a	. USUAL OCCUPATION (Give kind of work dane 10b. KI	IND OF BUSINESS OR	11. BIRTHPLACE (State or fare	eign country)	12. CITIZEN OF WHAT
	auri	ing mast of warking life, even if retired) 10 USEWORR	IDUSTRY	Maruland		USA ?
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	-	Henry Ceail		Lula Fost	on	
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Address	
	(Ye	es, no, ar unknown) (If yes give war ar dates of service)	9-07-3354 Wa	L. C C C . Al	C A) :
		1B. CAUSE OF DEATH (Enter only one cause per line for	(a) (b) and (c))	itson E. Smith	, Caston, Ila	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	10), (0), and (1).) Time	heat la	0	ONSET AND DEATH
		14 2 1/ 1 IMMEDIATE CAUSE (a)	ar gostan	Jany Ja		1 day
		Canditians, if any, which gave		0		THE REAL PROPERTY.
		rise to immediate cause (a)				
		stating the underlying cause DUE TO				THE STATE OF
		last. (c)				The was Autopow
12	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	I GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
2	CATI					YES NO
	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY □ ar CONTRIBUTING □ 20b. DE	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part 1	or Port II af item 1B.)	
		CAUSE OF DEATH.				
	MEDICAL	1)			20f. (City ar tawn)	(Caunty) (State)
	ME	Hour a.m. White p.m. 19 at wor		tary, street, office bldg., etc.)		
		21. I certify that I taak charge of the rer	nains described abave, he	eld an Autapsy 🗍 . Ins	pectian , Inquiry	and in my opiniar
		death resulted fram: Natural causes		ide . Hamicide	Undetermined many	
1		2		CHIEF MEDICAL EXAMI		
-0		SIGNATURE Statem (2)	annex	M.D. ASSISTANT MEDICAL EX		22. DATE SIGNED
0		EXAMINER'S		DEPUTY MEDICAL EXAM		7-30-67
0		NAME (Type)		Address (Street, city,		
1	230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY 23	Bd. LOCATION (City or Town)	(Caunty) (State)
/		Billy 26 (1967) 8/2/1967	Spring Hill	CONTRACTOR OF THE PARTY OF THE	Easton. Md.	
1	24	FILNERAL DIRECTOR	ADDRESS	2So. REC'D BY R	EGISTRAR 25b. REGIST	TRAP'S SIGNATURE
N		MAURICE E. NEUNAM & SON	, Easton, Md.	DATE AUG	8 1967 2	Cliantes Judge
			, ,	DAIL VOO	0 .00.	4

10134. The second secon

trained rulings

- as force

- as force

- 4 - 1 - 5 or 1 - share - 1 mones

Course Course Course Course Course

The contract of the contract o

12/19/27 Samuel 22

LONG . THERE I'M, marion, the last the case

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 30) W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE OF DEATH HEALTH DEPT PLACE OF DEATH (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY 2, and 3 ta PM3. Page MARYLAND delay State-Department b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 C. CITY OF TOWN (II outside corporate limits, write RURAL and give nearest town) and give nearest town) 7 Markalee d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? with form EMBRIAL YES NO "be executed within 24 haurs after death." "pending" in pencil in Item 18. Give Page 3. NAME OF Middle 4. DATE Lost Month Doy Year DECEASED OF pages land 2 with the mes Item 18. Give, (Type or print) DEATH Page 4 should be farwarded to the Chief Medical Examiner's Office along S. SEX 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED 5岁的中的* Months Doys Hours 10 72 haurs after death WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME permit. File 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address "pending" (Yes, no, or unknown) (If yes give wor or dates of service within INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line pulm, emphysema burial-transit event ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) This certificate should writing the ward DUE TO any Conditions, if ony, which gove rise to immediate couse (o). . 5 DUE TO 0 stoting the underlying couse pup OS be used WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) remayal. PERFORMED? CERTIFICATION the certificate, NO 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) 3 should PRIMARY Or CONTRIBUTING 0 MEDICAL EXAMINER: CAUSE OF DEATH. crematian, MEDICAL 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) (State) factory, street, office bldg., etc.) far your Hour o.m. Not While may be retained for your FUNERAL DIRECTOR: Page ot work ot work 21. I certify that I took charge of the remoins described above, held an Autapsy Inspection | Inquiry and in my apinian burial, funeral directar. death resulted from: Noturol causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER Health prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 8-4-67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) 50 REMOVAL (Specify) Anatomy Board of Maryland, Baltimore, Md. 2Sb. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR VR A 15ME (5 DATE AUG Ochember Judge 6M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. ve carbon papers. Pages 1 and 2 event, within 72 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and shauld be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within X2 hours after death

MEDICAL CERTIFICATION

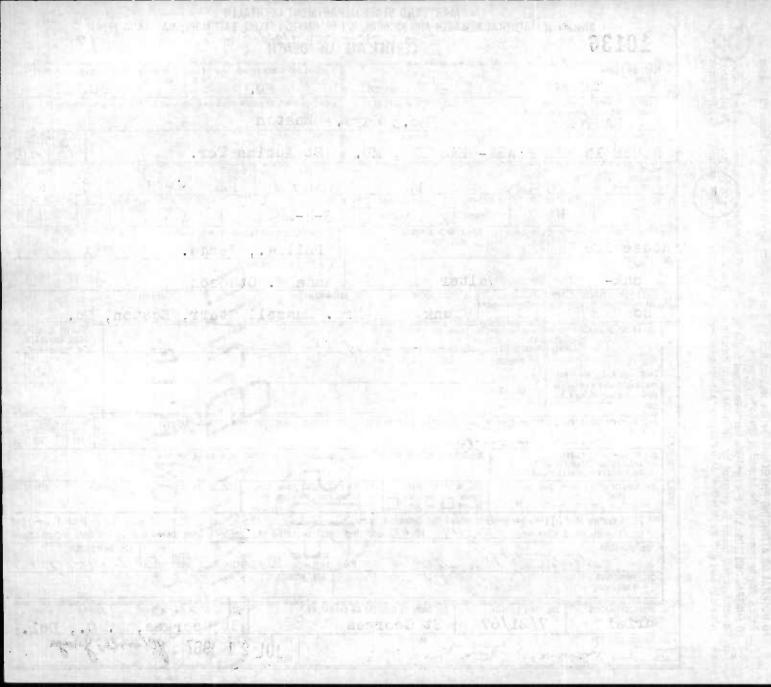
MARYLAND STATE DEPARTMENT OF HEALTH

STREET, BALTIMORE, MARYLAND 21201 26/67 kk 10135 of STATISTICAL RESEARCH

	ALISTONE RESERVED ALISTONE STREET, E
0136	CERTIFICATE GOF DEATH 67 1
UIDU	CERTIFICATE OF DEATH
	CERTIFICATE OF DEATH

			CENTIFICAT	L OI DEATH			
1.	PLACE OF DEATH			2. USUAL RESIDENCE (Where d	eceased lived, if institution:	Residence before odmissio	n)
	COLUMN	PALBOT		o STATE	b. COUNTY		,
			MARYLAND	MD.		TALBOT	
	b. CITY OR TOWN	(If outside corporate limits, id give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside ca	rparate limits, write RURAL	and give nearest tawn)	
	EAS	TON	3Mo.3 days	Easton		20.1	
			in haspital, give street address)	d. STREET ADDRESS		e. IS RESID	
				St Aubins	Tom	ON A FA	
		N THE PINE		St Audins	rer.	YES	NO X
	NAME OF	First	Middle	Lost 4. DA		Day Yea	r
	DECEASED (Type or print)	MARV	V.	SMITH DE	ATH July	19 196	1
S.			7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 1883		UNDER 1 YEAR IF UNDER	A
	R	W		3-4-1/884		onths Days Haurs	Min.
	-	1	WIDOWED DIVORCED	- 1 / / / /			
100	. USUAL OCCUPATIO	N (Give kind of work dane	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State,	or fareign country)	12. CITIZEN OF WHAT	
H	dusewii	hite, even if retired)	INDUSTRY	Philia. F	enna.	COUNTRY?	
-	FATHER'S NAME			14. MOTHER'S MAIDEN NAME	Ozaz C. V	000	
	unk-		Walton				
			Walter	Anna W. Oth			
		ER IN U.S. ARMED FORCES?		INFORMANT	Address		
110	no	(If yes give war ar dates af s	unk M:	rs. Russell S	tarr, East	on. Md.	
7	18 CAUSE OF D	FATH (Enter only one couse	per line far (a), (b), and (c).)			INTERVAL BETV	WEEN
		TH WAS CAUSED BY:	0	1+0.00.00		ONSET AND DE	
	1210	IMMEDIATE CAUSE (a)	Caremona o	of the bloods		16 more	- the
	1010	DUE TO	C			The British Park	
	Conditions, if ony						
Ш	rise to immedio						
	last.	(c)			- No. 14 2 2 2	7 2 2 3 3 5	
						I 10 WAS AUTO	DCV
N N	PART II. OTHER S	IGNIFICANT CONDITIONS CON	ITRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(0)	19. WAS AUTO PERFORME	D?
ATI	Co	my my	enflicery			YES N	NO D
三	20a. ACCIDENT WA	AS UNDERLYING	205. DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Port I o	r Part II af item 18.)		
ERI		G CAUSE OF DEATH					
MEDICAL CERTIFICATION		(MEDICAL EXAMINER)	Last william occupate	165 05 1111101 (1)	100	16 . \ 16	
9	Zuc. TIME OF INJ	URY Manth, Doy, Year m.		ACE OF INJURY (Hame, form, ctary, street, affice bldg., etc.)	Of. (City or town)	(County) (S	Stote)
×		m. 19	at wark at wark	crary, stroot, arrico Brag., orc.,			
	21. I cert	ify that (I) (this hospit	tal) attended the deceased fram_	march 1966	to 19 July	1967 that (1) (+	ve) last
		leceased alive an		at death accurred at 514	5AM from couses and	on the date stated	abave
	22a. SIGNATURE					22b. DATE SIGNED	404.0.
	220. SIOIMIOKE	17.118	0	D. PHYS MED.	STAFF	7 6 1	
		mphr (Curily N	Tillia.	OR L PHYS. L	1-17-61	
	22c. PHYSICIAN': NAME (Type			22d. ADDRESS			
	IAMIL (Type	1					
230	. BURIAL, CREMATI	ON, 23b. DATE THERE	OF 23c. NAME OF CEMETERY OR	CREMATORY 23c	LOCATION (City or Town)	(Caunty) (Sto	ate)
	BREMOVALSPECIF	7/21/	67 St Georges				,
			ADDRESS		t Georges,		7-1-0
24	. FUNERAL DIRECTO	1 , 0	- 1 · · ·	250. KEL D BY RE	GISTRAS 67 25b 2005	PAR'S UGNATURE	
-	lang will,	LEREISIN '	tension, Md.	DATULZ			

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		10137	CERTIFICATE	OF DEATH		10198
1		ACE OF DEATH		2. USUAL RESIDENCE (Whe	re deceased lived, if institution	
-	h	JALBOT CITY OR TOWN I WAS A STATE OF THE STA	MARYLAND c. LENGTH, OF STAY IN 1b	CITY OD TOWAL (II	de carparate limits, write RURAL	THLBOT
	0.	CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)	_ 1 _ 1		ZMAN	
20	d.	NAME OF HOSPITAL OR INSTITUTION (If not in		d. STREET ADDRESS	2/1/7+/1	e. IS RESIDENCE ON A FARM2
10		Memorial Hos	1 0			ON A FARM?
	D	AME OF First PECEASED SAMUE	Middle	Last VI	DATE Month OF DEATH Stelly	19 — 1967
1	S. SE		MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	FUNDER 1 YEAR IF UNDER 24 HRS.
4	1	Tale white w	VIDOWED DIVORCED	DEC 3,188	Bo last birthday) / A	Manths Days Haurs Min.
1	durin	JSUAL OCCUPATION (Give kind af wark dane g mast af warking life, even if retired) ET-WATERMAN	106. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County 8 5)	B 4	12. CITIZEN OF WHAT COUNTRY?
1	13.	FATHER'S NAME	VERFOUG	14. MOTHER'S MAIDEN NAM		
1	6	TUSTAUS STEIL	KIE	EFFIE	DROWN	
	1S. (Yes,	WAS DECEASED EVER IN U.S. ARMED FORCES? na, ar ynknawn) (If yes give war ar dates af sen	vice) 16. SOCIAL SECURITY NO. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17	NFORMANT , S, STEILKIE	RFD# Address EAST NEW	MARKET, M.D.
		18. CAUSE OF DEATH (Enter only one cause por PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	The f (a); (b), and (c), if	reardia	Mularo	INTERVAL BETWEEN ON THAT
		DUE TO Canditians, if any, which gave)	Ville Children	walle Ca	ralollaru	lath 10xus
		rise ta immediate cause (a), but TOE astating the underlying cause (c)_	70 20			
3	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CONDIT	TION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO
		20a. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	Enter nature of injury in Par	t I ar Part II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m.		CE OF INJURY (Hame, form, ary, street affice bldg etc.)	20f. (City ar tawn)	(Caunty) (State)
		say the deceased alive an 19	attended the deceased fram/	death accurred at	M, fram Jauses an	an the date stated above
	1	The SIGNATURE WILLIAM CONTROL OF THE SIGNATURE OF THE SIG	des M.C		RECTOR PHYS.	3-2047
		PHYSICIAN NAME (Type) R. Lane W	roth M.	22d. ADDRESS	al a Militarita made	Manual and
1 =	222	BURIAL, CREMATION, 23b. DATE THEREO			els, Kingkande 23d. LOCATION (City or Town	
	3	SWAL (Specify) JULY 22, 1	1967 BOZMAN (EMETERY	BOZMA	N. MARYLAND
X	24.	ENNERAL DIRECTOR	ADDRESS A	25a. RECD 8		TRAK'S SIGNATURE
1	54	auson O oftona	ed willedays	DATE !	0 A 1967 UCL	anta Oudas

18101 broken a strange, in the . . . would be supplied to the supplied of the suppl

FOR STATE

any delay is

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page with the State Department of

Health prior ta burial, crematian, ar remaval, and in any event within 72 haurs after death. 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages land

VR A15ME 6M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH 10138 cems #2,13 & 14 Infor

BALTIMORE, MARYLAND 21201 cth cert. ph CATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF

1. PLACE OF DEATH			here deceased lived, if institution: Resi	dence before admission)
o. COUNTY TALBOT	MARYLAND	o. STATE Flori	da. b. county	Orange V
b. CITY OR TOWN (If autside corporate limits,	c. LENGTH OF STAY IN 1b		side carparate limits, write RURAL and	0
write RURAL and give neorest town	140 2012 ha		Winter Garden	42
	210/0	d. STREET ADDRESS	winter darden	e IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (If not in	// / /			ON A FARM?
Memorin	HOSPITA1	Rt. #1	Box 226	YES NO
3. NAME OF DECEASED (Type or print) Beller U	MiRANDO S	ummers	4. DATE Month OF DEATH	26 1967
	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UND	
	WIDOWED DIVORCED	7-19-6	7 last birthday) Manth	
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	or foreign country) 12.	COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Wallace Bennett, S	or.	Florine	Summers	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
(Yes, na, ar unknown) (If yes give wor or dates of ser	rvice)	FlORINE	Durnmers	
Conditions, if ony, which gave rise to immediate couse (0), stating the underlying couse last.				
PART II. OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONI	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED	. (Enter nature of injury in P	art I or Port II of item 1B.)	
20c. TIME OF INJURY Month, Doy, Yeor Hour a.m. p.m. 19		ACE OF INJURY (Home, farm, ctary, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I taak charge a	f the remains described above, h	eld an Autapsy 📈.	Inspection , Inquiry	, and in my apinion
		icide . Hamicide	Undetermined manner	
	011.0	CHIEF MEDICAL E		
SIGNATURE Zemi	1 Milety	M.D. ASSISTANT MEDI	CAL EXAMINER	22. DATE SIGNED
EXAMINER'S NAME (Type)	WELTV	DEPUTY MEDICAL	city, town, or county)	7-28-67
230. BURIAL (REMATION.) REMOVAL (Specify) CREMATION 7-27-6		R CREMATORY	23d. LOCATION (City or Town)	(County) (State) ALBOT MD.
24. FUNERAL DIRECTOR	ADDRESS	250. REC'D	BY REGISTRAR 25b. REGISTRAR	s signature

Services investigation of the same

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10137 CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after depth.	Page 4 may be retained by the hospital or attending physician.	funetal	s and 2	ter death.	
rs aft		, the	ages	irs af	
hour		n by	S. F	hau	
24		led i	aper	n 72	1
within		tely fil	rban p	With	
uted		mple	bo ed	See.	1
exec		oo pu	ema	any	-
e be		In or	Se r	Id in	
ficate		ysicio	plec	al, ar	
certi		ng ph	Then	mov	
leath		endir	mit.	ar re	
the d		e att	per 1	rtian,	
that	'n.	by th	ansil.	remo	
uires	hysicio	gned	urial-tr	urial, c	
v rec	ing p	en s	he b	to b	
e lav	tend	as be	05 †	prior	
4: Th	or at	ite h	use.	alth	
CIAP	pital	tifico	of b	of He	
HYS	hos	is cer	ache	ept.	
NG F	y the	er th	e del	ate D	
ION	ed b	t: Aft	q pl	he St	
ATT	etain	CTOR	shau	/ith t	
OR	pe r	DIRE	Je 3	led w	
ITAL	may	RAL	, pac	be fi	
HOSP	Je 4	UNE	ector	pino	
10 F	Pac	10	dir	sh	0
	VR 25	A1 M	5 (4	9	9

PLACE OF DEATH			here deceased lived, if institution:	Residence before admission)
o. COUNTY	MADVIAND	o. STATE Md	b. COUNTY	Caroline
b. CITY OR TOWN (If ourside corporate limits.	C. LENGTH OF STAY IN 1b			
write RURAL and give nearest town)	C. LENGIN OF STAT IN 10		side carparate limits, write RURAL	ond give neolest town)
1=0.5 ton	17 days	Federa	alsburg, Md.	rural 052
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, gir	ve street address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
Memorial Hosp	pital		(Hynson)	YES NO
NAME OF DECEASED (Type or print) First Lee	Roy Ve	nable	4. DATE Month OF DEATH	Doy Year 16 1967
SEX 6. COLOR OR RACE 7. MARRIED [NEVER MARRIED 1	. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.
male white WIDOWED	DIVORCED 1	March 29.I		anths Days Hours Min.
	D OF BUSINESS OR USTRY	11. BIRTHPLACE (County &	State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
carpenter	same	Caroline		U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	IME	
Edward W. Venable			. Nichols	
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S(fes, no, or unknown) (If yes give wor ar dates of service)	DCIAL SECURITY NO. 17. 1	NFORMANT	Address	
no 213-	18-5954 Mrs	s. Marie N	agel Federa	lsburg, Md.
1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	. 1	1	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	to morecado	Real whose	tere lemma	ONSET AND DEATH
4-20 / DUE TO	0016	- 0		
Conditions if any which gave	amyour			/
rise to immediate couse (a),				
storing the underlying couse				
last.) (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING 1	CRIBE HOW INJURY OCCURRED.	Enter nature of injury in Po	art L or Port II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		,	,	
		E OF INJURY (Home, form,	20f. (City or town)	(County) (State)
Hour o.m. While p.m. 19 at work		ory, street, office bldg., etc.)		
21. I certify that (I) (this hospital) attended	ed the deceased fram	so June 19	67 to 16 July	_, 19 <i>GZ</i> , that (I) (we) las
saw the deceased glive an 6	1967 and that	death accurred at	A M, from causes and	d an the date stated above
220. SIGNATURE	0		MED. STAFF	22b. DATE SIGNED
W/ Chro	MD	PHYS. D	DIRECTOR L PHYS. L	/ / /
22c. PHYSICAN'S NAME (Type) Stephen P. Carr	ney M.		Maryland	
30. BURIAL CREMATION. 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (State)
REMOVAL (Specify)	(0 1	Cometerus	- 1 m. 1. 0.	ma - muse
22000	ADDRESS		BY REGISTRAR 2Sb. REGIST	TRAK SIGNATURE
24. FUNERAL DIRECTOR	*/		4 - 0	100
- harved W Whenan -	J. elmelst	DATE UL	20 1967 200	cartles Judge

. .

(Eggeon)

Te August Pa a comment of the state of the

the class places of the

endeler lit ingereiter sin erne ernettigt.

to feel me the many the state of the state of the state of

the state of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10100

10140	CERTIFICATE	OF DEATH		10135				
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceded	used lived, if institution: Reside	nce before admission)				
HIDOT	MARYLAND	Maryland	7.	Talbot				
 b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (if autside carpar	ate limits, write RURAL and gi	ve nearest town)				
EASton	3 days	Easton		20.1				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	pital, give street address)	d. STREET ADDRESS	4	e. IS RESIDENCE ON A FARM?				
Memoria Hos	pitAl	3 Earle		YES NO				
3. NAME OF First DECEASED	Middle	Lost 4. DATE OF	Manth	Day Year				
S. SEX 6. COLOR OR RACE 7. MAR		Acres of BIRTH	9. AGE (In years IF UNDER	19 6 7 11 YEAR IF UNDER 24 HRS				
Jemole White WIDO		40 400	lost birthdoy) Months	Doys Haurs Min.				
/(////C LUII/C	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or fo	87 yrs.	ITIZEN OF WHAT				
during past atwarking life, even if retired) Book Reeper	Banking	Sussex- Delau	(OUNTRY 2				
13. FATHER'S NAME	Durvay	14. MOTHER'S MAIDEN NAME	ALLOE (A. J.				
Charles P. Warringto	on	Sarah Coll	ins					
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. II	NFORMANT	Address					
(Yes, na, or unknown) (If yes give war or dotes af service)	213-01-8281 Mrs	. (Leo Cooper	Baltimore	Md.				
1B. CAUSE OF DEATH (Enter only one cause per li				INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	enelved vocala	- rendert		ONSET AND DEATH				
DUE TO								
Conditions, if any, which gove (b) (b)								
stating the underlying cause DUE 10								
last. (c)				Lio Mas AllTobsy				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	ITING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIV	(EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?				
S	DESCRIPT HOW INVESTIGATION OF	The state of the s	. 0. (). 10)	YES NO X				
OR CONTRIBUTING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Po	IT II OT ITEM 18.)					
	20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm, 20f.	(City or town) (G	ounty) (State)				
Hour a.m.	While Not While facto	ory, street, affice bldg., etc.)	(cut or ideal)	ount) (side)				
p.m. 17	at work LJ at work LJ	mark 1965	10 190.0.10	47 that (1) (1-2) la				
21. I certify that (I) (this hospital) attended the deceased from, 1965 to, 1967, that (I) (we) to sow the deceased alive an, 1967, that (I) (we) to, 1967, that (I) (we) to								
22a. SIGNATURE	2	ATTENDING MED.	STAFF 22b. I	DATE SIGNED				
supuno C	any M.D	PHYS. DIRECTOR	PHYS. D	-21-67				
22c. PHYSICIAN'S NAME (Type) Stephen P. Car	ney M. I	Easton, Maryl	and 7/	21/67				
23a. BURIAL, CREMATION, 23b. DATE THEREOF 7-22-67	23s. NAME OF CEMETERY OR (Spring Hill		ocation (city or Town) ston, Talbot.	(County) (State)				
24 FUNERAL DIRECTOR	ADDRESS	25 of REC'D, RY, REGUST	RAR 25b. REGISTRAR'S	SIGNATURE (1)				
MAULAN OF MINA	MALLEN SA -	to 201 JUL 2	5 1967 /	mes Judge				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	111111111111111111111111111111111111111	WUY I WE		V				

the Tongree. popers. Pages I and 2 hin 72 haurs after deoth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth Funerol **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physicion and coparetaly filled in b director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event within 72 had Poge 4 moy be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

Ladrad Line Control of the State of th to the test of the second window to the first jentes, unatagim Start Tallet Clerk (separate Start Etc.) AND public parties are a recommendation of the state of t Mary Line of Topic of July South South Control of the South State of t 10141

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Ti	TAY		MEDICAL	EXAMIN	ER'S	CERTIFICATE	OF DEAT	TH .	10	133	
o. COUNT		25		MARYL	AND	2. USUAL RESIDENCE o. STATE Mary		sed lived, if institu b. CO	ution: Residence UNTY Talb	befare odm	ission)
b. CITY C write	R TOWN (If outside to RURAL and give neares	porote limits, town)		GTH OF STAY IN	16- 12-	c. CITY OR TOWN (If a Runal -		ate limits, write R	URAL ond give	neorest fowr	1)
d. NAMP	DE HOSPITAL OR INSTITUTE OF LA	UTION (If not in ho	spital, give stre	et address)		d. STREET ADDRESS None				ON	RESIDENCE A FARM? NO
3. NAME O DECEASE (Type or	print)	h n First	Ma	Middle	U	Je 60	4. DATE OF DEATH			/	Year 19 6 7
5. SEX Male		WID	OWED	DIVORCED		Aug 2, 190)1	AGE (In years lest birthday) yrs.		Days Hau	
during most	CCUPATION (Give kind of of working life, even if re	f work done tired)	10b. KIND OF INDUSTRY	BUSINESS OR	m in	11. BIRTHPLACE (Stor	, Mary	rland		ZEN OF WHA NTRY? U	SA
13. FATHER	John	H. Webb					Taylo				
	TEASED EVER IN U.S. ARM nknawn) (If yes give w		e)	security no. nk	Mrs.	FORMANT J. Mace V	Webb, F	EFD, Tra	ppe, Ma	rylan	d
Condition rise to stating last.	ons, if ony, which gave mmediate cause (a), the underlying cause	ED BY: INATE CAUSE (a) DUE TO (b) DUE TO (c)	AC	ino (Ce	man			216	ONSET AN	BETWEEN ND DEATH
CATION						HE TERMINAL DISEASE CO				19. WAS / PERFO YES	AUTOPSY ORMED? NO
	TERNAL CAUSE WAS Y		206. DESCRIBE	HOW INJURY OCC	UKRED. (Enter noture of injury in	Part I of Pa	t II at item 18.)			
WEDICAL SOC. II	ME OF INJURY Manth, I Hour o.m. p.m.			Not While at wark		E OF INJURY (Hame, fai ry, street, affice bldg., et		(City ar tawn)	(Caun	ty)	(State)
ACTUA SIGNAT EXAMI NAME	21. I certify that I taak charge of the remoins described above, held on Autopsy, Inspection, Inquiry, ond in my apining death resulted from: Notural couses, Accident, Suicide, Homicide, Undetermined manner CHIEF MEDICAL EXAMINER										
23a. BURIAI		b. date thereof uly 20 19		name of CEMETI		morial Par	k Ca	CATION (City or I mbridge	, Maryl		(State)
24. FUNER	L DIRECTOR	, Q=1	< 5	ADDRESS	4	MIJUL RE	D BY REGISTI	RAR 256.	REGISTRAR'S SIG		

THE RESIDENCE OF THE PARTY OF T Bright Con 1 At Coleman . I tall a Sant The all the state of the state 10 2 1 1887 CHARLES Super

TO HOSPITAL ALTENDING PHYSICIAN: The law requires that the death certificate be executed to be retained by the hospital or attending physician.

Yes a lost the last that the state of the state of the last that the state of the

	DIVICION	OF STATISTICAL	MARY	LAND STA	TE DE	PARTMEN		HEAL'		ODE 1 MA	DVI AN	150	
10142 CERTIFICAL						S, 301 W. PRESTON STREET, BALTIMO TE OF DEATH				10140			
1.	PLACE OF DEATH a. COUNTY Talbot		AND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission and because by County by County Dorchester									
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) Easton c. LENGTH OF STAY IN the limits are stay to the stay of the						Cam		and give neerest town)					
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) HOUSE IN THE PINES -EASTON, MD.					d. STREET ADDRESS unk					YES [ON A FARM? YES NO	
3.	(Type or print)	NELLI		Middle H.		NEBB	4.	DATE OF DEATH	July	6	19	67	
	F		WIDOWED	DIVORCED	□ 6	/27/1880	0	9.	AGE (In years last birthday)	Months Day	Hours	Min.	
de	Housewife	ION (Give kind of work orking life, even if retired)	10b. KII	Home	NDUSTRY	Vienna	, Mar	yland	oreign country)		USA.	COUNTRY?	
13	. FATHER'S NAME	James Askl	and W	lebb		14. MOTHER'S MA	Lar:		e				
	es, no, or unkown) (I	ER IN U.S. ARMED FORCE fyesgive were released to the second secon	(lca)	unk ne for (e), (b), end (c)	Mr	oformant s. Lawren	nce Ma	aryan	Address OV, Cam		Mary B		
CERTIFICATION	Conditions, if eny geve rise to immedi (a), stating the u cause last. PART II. OTHER	ieta cause Inderlying DUE TO (c) R SIGNIFICANT CONDITION		CUVUN INDI TRIBUTING TO DEATH CRIBE HOW INJURY O			TERMINAL	DISEASE C	ONDITION GIV	YEN IN PART 1(e	J M J Y Y J M J 19. WAS PERF YES	onths onth autopsy ormed? No	
MEDICAL CE	20c. TIME OF INJU Hour a.m. p.m.	MEDICAL EXAMINER) URY Month, Day, Year 19	20d. II While at work	Not While	20e. PLAC facto	CE OF INJURY (Hom ry, streat, office bld	ne, farm,	20f. (City	or town)	(County)		(State)	
	21. I certify the saw the decease 22e. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	mour Ma	2 attenda	19.6.7., an		death occured	MED. DIREC		the causes		date stat	6/67	
23	BURIAL, CREMATI REMOVAL (Specify) Burial		967	Vienna Ce		ry		Vier	na, Ma	ryland	0 3	(Stete)	
1	FUNERAL DIRECTOR	R'S EIGHATURE	CA	m pay 4 de	'M	25. DA	1111	REGISTI	1967 RE	GISTRAR'S SIGI	ATURE Jus	<i>y</i>	

land land to the land. WEER STREET modern comitte a seration The second secon take the second second to the second second